

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000003355

1. Entity Name  
CENTRAL FLORIDA DESIGN CONSULTANTS, INC.



**FILED  
Feb 23, 2007 8:00 am  
Secretary of State**

02-23-2007 90021 005 \*\*\*150.00

Principal Place of Business  
1475 RIVIERA DRIVE  
KISSIMMEE, FL 34744

Mailing Address

1475 RIVIERA DRIVE  
KISSIMMEE, FL 34744

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20 4099020

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J  
1515 INTERNATIONAL PARKWAY, SUITE 2001  
LAKE MARY, FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ALEWINE, REBECCA R  
STREET ADDRESS 1475 RIVIERA DRIVE  
CITY-ST-ZIP KISSIMMEE, FL 34744

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Louise REBECCA ALEWINE*

2/20/07

4077979829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #