

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015995

FILED
Jun 07, 2007
Secretary of State

Entity Name: LAYOUT & DESIGN SOLUTIONS, INC.

Current Principal Place of Business:

224 SW 1ST AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

2000 N FLORIDA MANGO ROAD
SUITE 205
WEST PALM BEACH, FL 33409

Current Mailing Address:

224 SW 1ST AVE
BOYNTON BEACH, FL 33435

New Mailing Address:

2000 N FLORIDA MANGO ROAD
SUITE 205
WEST PALM BEACH, FL 33409

FEI Number: 20-4339291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATSON, TOM
224 SW 1ST AVE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

GERSON, GARY N P.A.
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: GARY N GERSON

06/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATSON, TOM
Address: 224 SW 1ST AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MATSON, THOMAS W
Address: 224 SW 1ST AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: P () Change (X) Addition
Name: BARDEN, CHARLES G
Address: 9716 WYETH COURT
City-St-Zip: WELLINGTON, FL 33414

Title: TR () Change (X) Addition
Name: MATSON, NANCY D
Address: 224 SW 1ST AVE
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY D MATSON

TR

06/07/2007

Electronic Signature of Signing Officer or Director

Date