2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000082074

GREEN DESIGN GROUP, INC.



1089 EASTWOOD BRANCH DRIVE JACKSONVILLE, FL 32259

Principal Place of Business

Mailing Address 1089 EASTWOOD BRANCH DRIVE JACKSONVILLE, FL 32259

FILED Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90049 028 ***150.00

| 04062008 | No Chg-P | CR2E034 (| 11/0 | 95) |
|---------------|----------|-----------|------|-------------|
| 4. FEI Number | | | T | Applied For |

Not Applicable

\$8.75 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired Fee Required

20-5054149

| CARREKER, GEORGE S 1089 EASTWOOD BRANCH DRIVE | DO NOT WRITE |
|---|---|
| JACKSONVILLE, FL 32259 | IN THIS SPACE |
| * | |
| 8. The above named entity submits this statement for the purpose of changing its regi | stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |

| 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. | Signature, typed or printed name of registered agent and title | if applicable. | (NOTE: Registered | Agent signature | required when reinstating) | DATE | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | | ampaign Finan Contribution. | cing | \$5.00 May Be Added to Fees | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT PST CARREKER, GEORGE S 1089 EASTWOOD BRANCH DRIVE JACKSONVILLE, FL 32259 | CTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | _ | , | : | - | NOT WRITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | IN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE 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.

904-230-8743