


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 036 ***150.00

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1. Entity Name
TIGER WOODS DESIGN, INC.



Principal Place of Business
8934 CONROY WINDERMERE ROAD
ORLANDO, FL 32835

Mailing Address
2507 POST ROAD
2ND FLOOR
SOUTHPORT, CT 06890

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

4. FEI Number
20-5127765

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



03122008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

HUBMAN, CHRISTOPHER J
8934 CONROY WINDERMERE ROAD
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

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, 2008 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 **CHRM** Delete
 NAME **WOODS, ELDRICK "TIGER"**
 STREET ADDRESS **8934 CONROY WINDERMERE ROAD**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **BELL, BYRON C**
 STREET ADDRESS **8934 CONROY WINDERMERE ROAD**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **President** Change Addition
 NAME **Bryon C. Bell**
 STREET ADDRESS **8934 Conroy Windermere Road**
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE **T** Delete
 NAME **HUBMAN, CHRISTOPHER J**
 STREET ADDRESS **8934 CONROY WINDERMERE ROAD**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SCACCHIA, RITA M**
 STREET ADDRESS **2507 POST ROAD**
 CITY-ST-ZIP **SOUTHPORT, CT 06890**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **KIRIK, STEPHANIE R**
 STREET ADDRESS **2507 POST ROAD**
 CITY-ST-ZIP **SOUTHPORT, CT 06890**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Rita M. Scacchia 3/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RITA M. SCACCHIA, Secretary