2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State
08-31-2007 90002 004 ***150.00

DOCUMENT # P06000133169

1. Entity Name
AHMEDIC DESIGN INC

Principal Place of Business	Mailing Address
9197 HAMLIN ROADE FT MYERS, FL 33967	9197 HAMLIN ROAD E FT MYERS, FL 33967

08272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #	3. Mailing Address
9197 HAMLIN RD. E.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State
Zip: FL / Country: Lee	Zip: 33967 / Country

4. FEI Number: 12-20-5559404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AHMEDIC, ADNAN 9197 HAMLIN ROAD E FT MYERS, FL 33967	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: Ahmedic DATE: 8-28-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	AHMEDIC, ADNAN	
STREET ADDRESS	9197 HAMLIN ROAD E	
CITY-ST-ZIP	FT MYERS, FL 33967	
TITLE	VP	☐ Delete
NAME	AHMEDIC, DRAZEN	
STREET ADDRESS	9197 HAMLIN ROAD E	
CITY-ST-ZIP	FT MYERS, FL 33967	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: Ahmedic ADNAN AHMEDIC 8-28-07 239-777-6107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
#4013092300600013369

To Whom It May Concern:

We did not receive initial request for annual report and payment info. I heard about this and called it in. I was told to write this letter and include 150.00 $ payment instead of 550.00 $ due to that mistake.

Please contact me if any additional information is required for this corporation to sustain its status.

Many thanks,

Drazen Ahmedic , VP
Ahmedic Design
9197 Hamlin Rd. E.
Fort Myers FL 33967
HZ-20-5559404
239.464.4577