
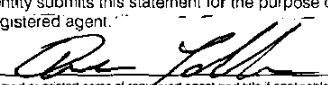


FILED  
Apr 28, 2008 8:00 am  
Secretary of State

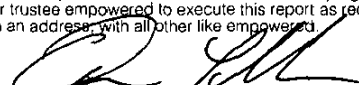
04-28-2008 90345 010 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P07000134382			
1. Entity Name LM DESIGN, INC.		40084517	
Principal Place of Business 1206 PASS A GRILLE WAY ST. PETE BEACH, FL 33706 US		Mailing Address 1206 PASS A GRILLE WAY ST. PETE BEACH, FL 33706 US	
2. Principal Place of Business - No P.O. Box # 19007 Fishermans Bend Dr Suite, Apt. #, etc.		3. Mailing Address 19007 Fishermans Bend Dr Suite, Apt. #, etc.	
City & State Lutz, FL Zip 33558 Country USA		City & State Lutz, FL Zip 33558 Country USA	
4. FEI Number 26-1701061		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04152008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LOLLAR, OWEN J 1206 PASS A GRILLE WAY ST. PETE BEACH, FL 33706		7. Name and Address of New Registered Agent Name Owen Lollar Street Address (P.O. Box Number is Not Acceptable) 6130 Lynn Lake Dr S, Unit D City St. Petersburg FL Zip Code 33712	
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:  DATE: 4/2/08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLES, MELISSA M 19007 FISHERMANS BEND DR LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE-LOLLAR, PAULA 1206 PASS A GRILLE WAY ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dale-Lollar, Paula 6130 Lynn Lake Dr S, Unit D St Petersburg, FL 33712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLES, GREGORY P 19007 FISHERMANS BEND DR LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOLLAR, OWEN J 1206 PASS A GRILLE WAY ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lollar, Owen 6130 Lynn Lake Dr S, Unit D St. Petersburg, FL 33712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:



4/2/08 (727) 417-1038