

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P25875**

1. Entity Name  
**DESIGN HORIZONS INTERNATIONAL, INC.**



Principal Place of Business

**520 W ERIE STE 230  
CHICAGO, IL 60610**

Mailing Address

**520 W ERIE STE 230  
CHICAGO, IL 60610**



07252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-3596104**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MILLER, CARL
STREET ADDRESS	1520 KENSINGTON ROAD
CITY- ST- ZIP	OAK BROOK, IL
TITLE	CD
NAME	KENT, JORIE BUTLER
STREET ADDRESS	1520 KENSINGTON ROAD
CITY- ST- ZIP	OAK BROOK, IL
TITLE	T
NAME	SHOBER, JORIE BUTLER
STREET ADDRESS	1520 KENSINGTON ROAD
CITY- ST- ZIP	OAK BROOK, IL
TITLE	S
NAME	SWEENEY, KEVIN J
STREET ADDRESS	1520 KENSINGTON ROAD
CITY- ST- ZIP	OAK BROOK, IL
TITLE	S
NAME	COOKE, NORMA (ASST.)
STREET ADDRESS	1520 KENSINGTON ROAD
CITY- ST- ZIP	OAK BROOK, IL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000376374  
08/24/05-80002-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carl A. Miller / **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/05 772.234.8001

Date

Daytime Phone #