

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 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



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3596104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

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03/04/06-80024-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06

Date

772.234.8001

Daytime Phone #