

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90023 042 ***150.00

DOCUMENT # P93000051506					
1. Entity Name PERSPECTIVE DESIGN, INC.					
Principal Place of Business 125 WORTH AVE STE 107 PALM BEACH, FL 33480 US			Mailing Address 125 WORTH AVE STE 107 PALM BEACH, FL 33480 US		
2. Principal Place of Business - No P.O. Box # 829 HARBOUR ISLES PLACE Suite, Apt. #, etc.		3. Mailing Address 11420 US Highway One Suite, Apt. #, etc. PMB 161			
City & State North Palm Beach FL Zip: 33410 Country: US		City & State Palm Beach Gardens FL Zip: 33408 Country: US		4. FEI Number 65-0198717	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUNZENRIEDER, CAROL A 125 WORTH AVE STE 107 PALM BEACH, FL 33480			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <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	D MUNZENRIEDER, CAROL A 125 WORTH AVE STE 107 PALM BEACH, FL 33480	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11420 US Highway One, PMB 161 Palm Beach Gardens FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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, without other like empowered.					
SIGNATURE:		4-10-07		561-659-3221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	