


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90187 038 \*\*\*150.00

<b>DOCUMENT # P93000060719</b> 1. Entity Name <b>MARC RUTENBERG DESIGN, INC.</b>	
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Principal Place of Business <b>2895 GREY OAKS BLVD TARPON SPRINGS, FL 34688 US</b>	Mailing Address <b>2895 GREY OAKS BLVD TARPON SPRINGS, FL 34688 US</b>
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**DO NOT WRITE IN THIS SPACE**



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3204165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**BOGGS, E. JACKSON  
501 E. KENNEDY BOULEVARD  
SUITE 1700  
TAMPA, FL 33602**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

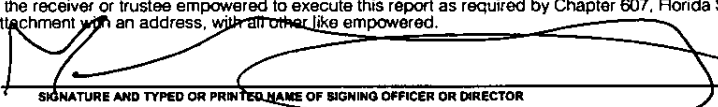
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPTS RUTENBERG, MARC 2895 GREY OAKS BLVD TARPON SPRINGS, FL 34688</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD RUTENBERG, LAURA H 2895 GREY OAKS BLVD TARPON SPRINGS, FL 34688</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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, with all other like empowered.

**SIGNATURE:**  **4-26-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #