2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P93000069227 04-10-2006 90287 030 ***158.75 1. Entity Name **DESIGN TECH INTERNATIONAL INC** Principal Place of Business Mailing Address 8250 NW 27TH ST 8250 NW 27TH ST 60025621 SUITE 301 SUITE 301 MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 8 18 NW 154 3. Mailing Address 8181 NW Suite, Apt. #, etc. Suite, Apt. #, etc 03242006 CR2E034 (11/05) 110 City & State City & State . 4. FEI Number Applied For 65-0448236 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIZARRO, CARLOS A 8250 NW 27TH ST **SUITE 301** MIAMI, FL 33122 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 the obligations of opistered agent. SIGNATUR (NOTE: Registered Agent signature required when reinst 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition PIZARRO, CARLOS A NAME NAME STREET ADDRESS 8250 NW 27 ST 301 STREET ADDRESS 41 LAKES FL 33016 CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITLE Delete TITLE Addition CHAVIANO, GERMAN A NAME NAME STREET ADDRESS STREET ADDRESS 8250 NW 27 ST 301 FL 33016 MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-ZIP TITLE **Delete** TITLE Change Addition TROXELL, MICHAEL A NAME NAME STREET ADDRESS 8250 NW 27TH STREET #301 STREET ADDRESS MIAMI, FL 33122 CITY ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 1545t. Ste. 110 STREET ADDRESS STREET ADDRESS LAKES FL 33016 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of 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 305-5/2-55/2 **SIGNATURE** Daytime Phone

FILED