2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with

SIGNATURE:

Mar 30, 2005 08:00 AM **DOCUMENT # P94000007143 Secretary of State** DESIGNWORKS CREATIVE PARTNERSHIP, INC. Principal Place of Business Mailing Address 250 ROYAL COURT 250 ROYAL COURT DELRAY BEACH, FL 33444 US DELRAY BEACH, FL 33444 01072005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0464737 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent HEFNER, STEVEN M DO NOT WRITE 250 ROYAL COURT2 DELRAY BEACH, FL 33444 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) 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HEFNER, STEVEN M U00000281360 STREET ADDRESS 250 ROYAL COURT 03/30/05-80059-007 150.00 DELRAY BEACH, FL 33444 CITY-ST-719 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered.

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

561-272-6855

Daytime Phone #