

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90130 020 ***150.00

DOCUMENT # P94000027119

1. Entity Name
EFFECTS DESIGN, INC.



40001301

Principal Place of Business
**7501 N.W. 4TH ST.
 #112
 PLANTATION, FL 33317**

Mailing Address
**7501 N.W. 4TH ST.
 #112
 PLANTATION, FL 33317**



2. Principal Place of Business
9718 Richmond Cir.

3. Mailing Address
9718 Richmond Circle

Suite, Apt. #, etc.

02092005 Chg-P CR2E034 (10/03)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33434

Country
USA

4. FEI Number
65-0481547

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TYRELL, ROGER
 1311 SE 9TH TERR
 POMPANO BEACH, FL 33060**

7. Name and Address of New Registered Agent

Name
Tyrrell, Roger

Street Address (P.O. Box Number is Not Acceptable)
9718 Richmond Circle

City
Boca Raton

State
FL

Zip Code
33434

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	TYRRELL, ROGER 1131 S.E. 9TH TERRACE POMPANO BEACH, FL 33060	TITLE D	Tyrrell, Roger 9718 Richmond Circle Boca Raton, FL 33434
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	TYRRELL, DEBORAH G 1131 S.E. 9TH TERRACE POMPANO BEACH, FL 33060	TITLE D	Tyrrell, Deborah G 9718 Richmond Circle Boca Raton, FL 33434
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: **Roger W. Tyrrell**

DATE: **4-27-05**

DAYTIME PHONE #: **561 4875739**