

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000084732

Entity Name: P + L DESIGN GROUP, INC.

FILED
Apr 15, 2006
Secretary of State

Current Principal Place of Business:

11760 US HIGHWAY ONE
STE 102
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11760 US HIGHWAY ONE
STE 102
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0540517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNEEN, JEFFREY D
1400 CENTREPARK BLVD.
SUITE 1000
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: NEFF, PAUL
Address: 11760 US HWY ONE STE 102
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VPSD () Delete
Name: IDLE, BRIAN D
Address: 11760 US HWY ONE STE 102
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E. NEFF

PTD

04/15/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date