


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90069 013 \*\*\*150.00

<b>DOCUMENT # P95000022582</b> 1. Entity Name <b>LISTS BY DESIGN, INC.</b>					
Principal Place of Business <b>2895 W PROSPECT ROAD</b> <b>FORT LAUDERDALE, FL 33309 US</b>			Mailing Address <b>2895 W PROSPECT ROAD</b> <b>FORT LAUDERDALE, FL 33309 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6500 N.W. 15th Avenue</b> Suite, Apt. #, etc. <b>300</b>		3. Mailing Address <b>6500 N.W. 15th Avenue</b> Suite, Apt. #, etc. <b>300</b>			
City & State <b>Fort Lauderdale, FLA</b> Zip <b>33309</b> Country		City & State <b>Fort Lauderdale, FLA</b> Zip <b>33309</b> Country		4. FEI Number <b>65-0569847</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 <b>BLUMBERG, RICHARD L</b> <b>1500 NW 15TH AVE</b> <b>6500 N.W. 15th Avenue</b> <b>SUITE 300</b> <b>FORT LAUDERDALE, FL 33309</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BLUMBERG, RICHARD L</b> <b>1500 NW 15TH AVE., SUITE 300</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** Richard Blumberg **RICHARD BLUMBERG** 1/12/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #