2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 31, 2008 8:00 am Secretary of State **DOCUMENT # P95000022582** 1. Entity Name 03-31-2008 90007 013 ***150.00 LISTS BY DESIGN, INC. Principal Place of Business Mailing Address 6500 NW-15TH-AVENUE-300 0500-NW-15TH-AVENUE-300 FORT LAUDERDALE, FL 33309 FORT-LAUDERDALE, FL 33309 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 950 N. FEDERAL HISLWAY 950 N. FEDERIL HISTORY Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chg-P CR2E034 (12/06) Svite Suite 4. FEI Number Applied For POMPANO BEACH POMPANO BEACH 65-0569847 Not Applicable \$8.75 Additional 33062 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUMBERG, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 950 N. FECKAL HISKYAT 1500 NW 15TH AVE SUITE 300 FORT LAUDERDALE, FL 33309 Suite 219 Zip Code 33062 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. RICHAM BLUMBERG (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be **FILE NOW!!! FEE IS \$150.00** Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD X Change ■ Addition □ Delete TITLE TITLE BLUMBERG, RICHARD L NAME NAME 950 N. FederAL HISLWAT, Suite 219 1900 NW 15TH AVE.: SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309-CITY-ST-ZIP POMPANO BEACK FL 33062 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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 ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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. RICHARD BLUMBERG

FILED

Daytime Phone #