## 2907 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 09, 2007 8:00 am Secretary of State DOCUMENT # P96000002068 05-09-2007 90100 004 \*\*\*158.75 THE DESIGN COLLECTIVE GROUP, INC. Principal Place of Business Mailing Address 337 E INDIANTOWN ROAD 337 E INDIANTOWN ROAD SUITE D-6 JUPITER FL 33477 SUITE D-6 JUPITER FL 33477 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0638462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, MICHAEL A 1605 S. U.S. HIGHWAY ONE Street Address (P.O. Box Number is Not Acceptable) BUILDING M-3, UNIT 504 JUPITER FL 33477 City Zip Code FL 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 inapplicable (NCTF. Red steron Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Secretary MILE Delete HHE ☐ Change Addition THOMAS, MICHAEL A ANN M. HUFF 337 E. INDIANTOWN, RD. Ste D-06 337 E. INDIANTOWN, SUITE D-6 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 JUPITER, FL. 33477 CITY ST-ZIP CHY-SI-7P TITLE Defete DILE ☐ Change Addition BAKER, MICHAEL D NAME 337 E. INDIANTOWN, SUITE D-6 STREET ADDRESS SICLET ADDRESS JUPITER FL 33477 CITY SI-ZIP CHY ST 7IP Delete Change ■ Addition SHEET ADDRESS SHIELE ADDRESS CHY ST ZIP CITY ST-ZIP OHE ☐ Delete 11ft F ☐ Channe Addition NAME NAME STREET LADDRESS STREET ADORESS CITY+ST ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Delete ☐ Addition IIILE THIE ☐ Change ΝΛΜί NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 tike empowered.

SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED