

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 016 ***150.00

DOCUMENT # P96000033381 1. Entity Name CONTRACT DESIGN GROUP, INC.			
Principal Place of Business 12950 58 ST. N. CLEARWATER, FL 34620 US		Mailing Address 12950 58TH ST N, SUITE ONE CLEARWATER, FL 34620-3949	
2. Principal Place of Business - No P.O. Box # 20001 Gulf B		3. Mailing Address 20001 Gulf Blvd	
Suite, Apt. #, etc. Suite 11 + 12		Suite, Apt. #, etc. Suite 11	
City & State Redington Shores, FL		City & State Redington Shores, FL	
Zip 33785		Zip 33785	
Country USA		Country USA	
4. FEI Number 59-3371033		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWTHORNE, LYNNE M. 1295058TH ST SUITE ONE CLEARWATER, FL 34620-3949		7. Name and Address of New Registered Agent Name Hawthorne, Lynne M Street Address (P.O. Box Number is Not Acceptable) 20001 Gulf Blvd Suite 11 + 12 City Redington Shores FL Zip Code 33785	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when re-registering) DATE 3/29/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWTHORNE, LYNNE M <input type="checkbox"/> Delete 15819 REDINGTON DR REDINGTON BEACH, FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:		Date 3/29/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	