2007 FOR PROFIT CORPORATION

FILED Apr 20, 2007 8:00 am Secretary of State

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DOCUMENT # P96000069496 1. Entity Name FIRST NATIONAL DESIGN, INC. 40072073 Principal Place of Business Mailing Address 2702 SW 31ST LANE 2702 SW 31ST LANE US CAPE CORAL, FL 33914 US CAPE CORAL, FL 33914 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 03282007 CR2E034 (12/06) City & State 4. FEI Number Applied For 65-0728769 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARACH, JURGEN Street Address (P.O. Box Number is Not Acceptable) 2702 SW 31ST LANE CAPE CORAL, FL 33914 City 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. Signature, typisid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** TITLE ☐ Delete TITLE ☐ Charige ☐ Addition ZUCK-TARACH, GERTRUD NAME NAME 2006 SE 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME TARACH, JURGEN O NAME STREET ADDRESS 2006 SE 21ST STREET STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ZUCK, CHRISTIAN NAME 2006 SE 21ST STREET STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME HILL, THOMAS W NAME 1318 LAFAYETTE ST. STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-St-ZIP 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with an order. SIGNATURE AND TYPE OR P NG OFFICER OR DIRECTOR Date Daytime Phone #