2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083419

Entity Name: COUNTYLINE DESIGN BUSINESS SERVICES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1359 SW 105 AVE PEMBROKE PINES, FL 33025 US	6761 DOUGLAS ST HOLLYWOOD, FL 33024 US

Current Mailing Address:	**New Mailing Address:**
1359 SW 105 AVE PEMBROKE PINES, FL 33025 US	6761 DOUGLAS ST HOLLYWOOD, FL 33024 US

FEI Number: 65-0702043   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JONES, TOMMIE J 1359 SW 105 AVE PEMBROKE PINES, FL 33025 US	JONES, TOMMIE J 6761 DOUGLAS ST HOLLYWOOD, FL 33024 US

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.

SIGNATURE: _____   04/16/2006
              Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	MR. ( ) Delete
Name:	JONES, TOMMIE J OWNER
Address:	1359 SW 105TH AVE
City-St-Zip:	PEMBROKE PINES, FL 33025 47

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	MR. (X) Change ( ) Addition
Name:	JONES, TOMMIE J OWNER
Address:	6761 DOUGLAS ST
City-St-Zip:	HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMIE JONES   MR   04/16/2006
              Electronic Signature of Signing Officer or Director   Date