2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# P97000016657

Entity Name: DESIGNER'S CHOICE UNLIMITED, INC.

Current Principal Place of Business:

17041 ALICO COMMERCE CT.
4
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

17041 ALICO COMMERCE CT.
4
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0719816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLAGHER, ROBERT M
18166 DUPONT DR.
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

GALLAGHER, ROBERT M
17338 MEADOW LAKE CIRCLE
FT. MYERS, FL 33912 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: ROBERT M. GALLAGHER 01/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GALLAGHER, ROBERT
Address: 18011 S. TAMIAMI TR. #16 PMB 108
City-St-Zip: FORT MYERS, FL 33902

Title: VP ( ) Delete
Name: LYNCH, GARY
Address: 17130 WILDCAT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: VP ( ) Delete
Name: HOLMES, GREG
Address: 18414 TULIP ROAD
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALLAGHER, ROBERT
Address: 17338 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT M. GALLAGHER P 01/04/2006
Electronic Signature of Signing Officer or Director Date