2008 FOR PROFIT CORPORATION

Jan 09, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P97000017640** 1. Entity Name DESIGN DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 2910 SW 103 AVE 2910 SW 103 AVE MIAMI, FL 33165 MIAMI, FL 33165 CR2E034 (11/05) 01042008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0729647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUERRERO, MARIA E 2910 SW 103RD AVE MIAMI, FL 33165 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 .Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE GUERRERO, MARIA E NAME 2910 SW 103RD AVE STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP DENIS, JULIA R NAME STREET ADDRESS 2845 SW 103RD CT CITY-ST-ZIP MIAMI, FL 33165 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fifth 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 all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED