2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024086

Entity Name: DESIGN STUCCO, INC.

FILED May 03, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3231 13TH NAPLES, F				
Current Mailing Address:			New Mailing Address	s:
3231 13TH NAPLES, F				
FEI Number:	65-0691621	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
NORRIS, J 3231 13TH NAPLES, F	AVE. SW	US		
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
	Electro	onic Signature of Registered Ager	nt	Date
Election Cam	e with s. 607.1 paign Financi	93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the prior notice.	
Election Cam	e with s. 607.1	93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:
Election Cam	e with s. 607.1 paign Financi AND DIRE	93(2)(b), F.S., the corporation did not ng Trust Fund Contribution (). CTORS:) Delete	receive the prior notice.	
Election Cam OFFICERS Title: Name: Address:	ee with s. 607.1 paign Financi S AND DIRE VP (KIGHT, FRED 371 4TH ST N NAPLES, FL	93(2)(b), F.S., the corporation did not ng Trust Fund Contribution (). CTORS:) Delete JE 34120) Delete JGLAS SW	receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:
Election Carr OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	ee with s. 607.1 paign Financi AND DIRE VP (KIGHT, FRED 371 4TH ST N NAPLES, FL P (NORRIS, DOI 3231 13 AVE NAPLES, FL	93(2)(b), F.S., the corporation did not ng Trust Fund Contribution (). CTORS:) Delete 34120) Delete JGLAS SW 34117) Delete CHUA NE	receive the prior notice. ADDITIONS/CHANGI Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS: () Change () Addition

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:	DOUGLAS NORRIS	Р	05/03/2006	