## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2007 08:00 A Secretary of State DOCUMENT # P97000066953 1. Entity Namo PULSAR DESIGN GROUP, INC. Principal Place of Business Mailing Address 1352 SILVERADO 1352 SILVERADO NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-0781051 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, MAVIS Street Address (P.O. Box Number is Not Acceptable) 4172 INVERRARY DR. APT. #109 LAUDERHILL FL 33319 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, typed or printed name of registered agent and title it applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PÜ THE ☐ Delele ☐ Addition MH ☐ Change DIXON, DONALD M NAME NAME 1352 SILVERADO U00000757584 STREET ADDRESS STREET ADDRESS N LAUDERDALE FL 33068 05/23/07-80077-003 150.00 CITY - ST - ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TIME Oolote DILF Addition NAMC. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP IIILE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Channe □ Addition NAME NAME STREET ADORESS STREE LADDRESS CITY-ST-71P CITY-ST-7IP IIILE ☐ Delete ME Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP

I horoby certify that the information supplied with this filing doos not qualify for the exemptions contained in Soction 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 eath; 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 any address, with all other like empowered.

SIGNATURE:

**FILED**