


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000072555</b> 1. Entity Name PAUL ERWIN DESIGN, INC.		
Principal Place of Business 6189 TAYLOR RD. SUITE 1 NAPLES, FL 34109		Mailing Address 6189 TAYLOR RD. SUITE 1 NAPLES, FL 34109
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
11a. NAME STREET ADDRESS CITY-STATE-ZIP	PSTD KOLLEGGER, PAUL E 6189 TAYLOR ROAD SUITE 1 NAPLES, FL 34109	
11b. NAME STREET ADDRESS CITY-STATE-ZIP		
11c. NAME STREET ADDRESS CITY-STATE-ZIP		
11d. NAME STREET ADDRESS CITY-STATE-ZIP		
11e. NAME STREET ADDRESS CITY-STATE-ZIP		
11f. NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing 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 with an officer like empowered.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3464346	Apply For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

000000414609  
02/11/06-80042-022 150.00

**DO NOT WRITE  
IN THIS SPACE**