


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90066 010 ***150.00

DOCUMENT # P97000072555 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																									
2. Principal Place of Business - No P.O. Box # 6119 HL ST SW <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6119 HL ST SW <small>Suite, Apt. #, etc.</small>																									
City & State Naples, FL <small>Zip</small> 34117 <small>Country</small>		City & State Naples, FL <small>Zip</small> 34117 <small>Country</small>																									
4. FEI Number 59-3464346		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KOLLEGER, PAUL E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6189 TAYLOR ROAD SUITE 1</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34109</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	KOLLEGER, PAUL E		STREET ADDRESS	6189 TAYLOR ROAD SUITE 1		CITY-STATE-ZIP	NAPLES, FL 34109		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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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 all other like empowered.																											
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/5/07 Daytime Phone # _____																									