2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # P97000086965 LIQUID ASSETS BY DESIGN, INC. Principal Place of Business Mailing Address 22237 NALFABORDEDEDAF 22237!NELFMICE DEDNF CPSUNZESTICU144: 24 CPSUNZESTICM44: 24IIIIIVT 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0786286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEHL, KEVIN C DO NOT WRITE 11126 LAKELAND CIRCLE FORT MYERS, FL 33913 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE : / Election Campaign Financing %6/11 NbziCf1 BeefelplGfft FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ō TITLE NAME MEHL, KEVIN C STREET ADDRESS 11126 LAKELAND CIRCLE FORT MYERS, FL 33913 CITY-ST-ZIP TITLE 100000383488 01/13/06-80003-008 150.00 NAME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED