2003 FOR PROFIT CORPORATION

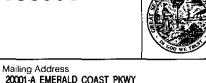
UNIFORM BUSINESS REPORT (UBR)

P97000098956 DOCUMENT # 1. Entity Name

D&D DESIGN STUDIO, INC.

Principal Place of Business

SIGNATURE:



FILED Apr 22, 2003 8:00 am Secretary of State

0060871	
₽	

04-22-2003 90067 024 ***158.75

DESTIN FL 32541				DESTIN FL 32541							
2. Principal Place of Business			3. Ma	3. Mailing Address			-				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	City & State			City & State			4. FEI Number 59-3479293			oplied For ot Applicable	
Zip		Country	Zip		Country		Certificate of Status Desired		\$8.75 Add	itional	
	6. Name	and Address of Curr	ent Register	ed Agent	\	7.	Name and Address of New Re	gistered A	gent		
EU/WADD	s, timothy	' М	_		Name	Name					
	-	M OAST PARKWAY			Street A	Street Address (P.O. Box Number is Not Acceptable)					
DESTIN F		OAOI TAIRWAI					<u></u>				
,		•			City		<u></u>	FL	Zip Cod	e	
			nt for the purp	pose of changing its	registered office o	registered a	agent, or both, in the State of Flor	ida. I am fa	 amiliar with,	and accept	
the obligat	ions of regist	ered agent.									
SIGNATURE .	Singature broad	or printed name of registered a	oest and title if an	plicable (NOT	E: Registered Agent signat	ura raquitad when	a reinetatina)	DATE			
			gent and the n ap	pilicable. (NOT	E. Registered Agent signal	bia required when	n remistatory)				
After	May 1, 200	!					9. Election Campaign Fina Trust Fund Contribution			May Be I to Fees	
10.	<u></u>	OFFICERS A	ND DIRECTO	L DRS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	DP			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	KROEGER 606 LAGO	, CHESTER G			NAME						
STREET ADDRESS CITY-ST-ZIP	DESTIN FI				STREET ADDRESS CITY-ST-ZIP						
TITLE	DST			☐ Delete	TITLE	DVST			X Change	Addition	
NAME		S, TIMOTHY M			NAME		DS, TIMOTHY M				
STREET ADDRESS CITY-ST-ZIP	500 WALT DESTIN FI				STREET ADDRESS CITY-ST-ZIP		ALTON WAY				
TITLE	D			Delete	11TLE	DESTI	N. FL 32550		☐ Change	Addition	
NAME	SMITH, DA				NAME				_		
STREET ADDRESS		ERT AVENEU			STREET ADDRESS						
CITY-ST-ZIP	DESTIN FI	_ 32541			CITY-ST-ZIP				Change	Addition	
TITLE NAME				☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS					STREET ADDRESS						
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NAME					NAME	ļ					
STREET ADDRESS : CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP		•				
TITLE		· · · · · ·		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME					NAME				_ •	_	
STREET ADDRESS					STREET ADDRESS	ľ				1	
CITY-ST-ZIP					CITY-ST-ZIP						
indicated of the cor.	on this repor	t or supplemental repo	ort is true and moowered to	accurate and that re execute this report	ny signature shall h as required by Cha	ave the same	n 119.07(3)(i), Florida Statutes. I e legal effect as if made under or orida Statutes; and that my name	ath; that I ar	n an officer	or director	