2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P98000006971 1. Entity Name SUSAN WELLS DESIGN, INC. Principal Place of Business Mailing Address 1489 W. PALMETTO PARK RD 1489 W. PALMETTO PARK RD SUITE 428 SUITE 428 BOCA RATON FL 33486 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. ff, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0807523 Not Applicat Country Žio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELZIEN, SUSAN W Street Address (P.O. Box Number is Not Acceptable) 1489 W. PALMETTO PARK RD SUITE 428 **BOCA RATON FL 33486** Zip Code City 8. The above named entity subgrits 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 register SIGNATURE amen being to begy stered again and title if approache (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May B 9. Election Campaign Financing After May 1, 2006 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 10. 11. ☐ Addition 7)71 F ☐ Change **PVST** TITLE Delete NAME WELZIEN, SUSAN W MAARE U000000416653 STREET ADDRESS STREET ADDRESS 1489 W. PALMETTO PARK RD 02/13/06-80024-007 150.00 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33486 TITLE Defete TITLE Change The Addition NAPAT NAME STACE I ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete T371 f Change THE NAME NAME STREET ADDRESS STRUET AUDRESS CUTY-ST-7/P CITY-ST-7IP Defete T Addition TITLE H7L€ ☐ Change MAME MAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CUTY-ST-ZIP Delete ☐ Change ☐ Mathin TITLE THE NAME MAME STREET ADURESS STREET ADDRESS C)TY-S3-7/P CITY-ST-70P ☐ Change Delete THE TITLE NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Section 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

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