


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90075 041 \*\*\*150.00

<b>DOCUMENT # P98000030618</b>	
1. Entity Name DME DESIGN, INC.	

Principal Place of Business 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33334	Mailing Address 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33334
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2. Principal Place of Business Suite, Apt. #, etc. 238 Concha Drive	3. Mailing Address Suite, Apt. #, etc. 238 Concha Drive
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03192004 Chg-P CR2E034 (10/03)

City & State Sebastian, FL	City & State Sebastian, FL	4. FEI Number 65-0826626	Applied For Not Applicable
Zip 32958	Country USA	Zip 32958	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
ERSKINE, DONAL G 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33309

<b>7. Name and Address of New Registered Agent</b>
Name Donal G. Erskine
Street Address (P.O. Box Number is Not Acceptable) 238 Concha Drive
City Sebastian
State FL
Zip Code 32958

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 M. Erskine DATE 3-19-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERSKINE, DONAL G 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERSKINE, MARY E 1510 N.E. 52ND STREET FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erskine, Donal G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 238 Concha Drive Sebastian FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA Erskine, Mary <input type="checkbox"/> Change <input type="checkbox"/> Addition 238 Concha Drive Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M. Erskine M. Erskine 3-19-04 772-589-8409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #