2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2006 08:00 Al DOCUMENT # P98000059706 **Secretary of State** DESIGN WORKS STUDIO, INC. Mailing Address Principal Place of Business 4441 SW 23 STREET 4441 SW 23 STREET W HOLLYWOOD FL 33023 W HOLLYWOOD FL 33023 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0847724 Not Applicable 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 ALLEN, RONALD A Street Address (P.O. Box Number is Not Acceptable) 4441 SW 23 STREET W HOLLYWOOD FL 33023 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Se 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 1) 10. 11. Delete TITLE ☐ Change Addition TITLE U000000476629 NAME NAME ALLEN, RONALD A 04/06/06-80018-022 150.00 STREET ADDRESS STREET ADDRESS 4441 SW 23 STREET CITY-ST-ZIP CITY-ST-ZIP W HOLLYWOOD FL 33023 Addition ☐ Chance ☐ Defete TITLE THE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF Addition Delete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZiP City-St-79 MILE Delete TillE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I nereby certify that the information supplied with this filing 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 appearment with an appears with all other like empowered.

SIGNATURE:

A. Allen 19 March 06

FILED

954-963 0850

Daytime Phone ≱