


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90130 028 \*\*\*150.00

<b>DOCUMENT # P98000100333</b>	
1. Entity Name <b>DESIGNSIGHT INC.</b>	

Principal Place of Business <b>3000 NE 30TH PLCE 202 B FORT LAUDERDALE FL 33306</b>	Mailing Address <b>3000 NE 30TH PLCE 202 B FORT LAUDERDALE FL 33306</b>
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2. Principal Place of Business <b>4245 No. Ocean DR.</b>	3. Mailing Address <b>4245 No. Ocean DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAUDERDALE BY THE SEA FL.</b>	City & State <b>LAUDERDALE BY THE SEA, FL.</b>
Zip <b>33308</b> Country <b>USA.</b>	Zip <b>33308</b> Country <b>USA.</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0880348</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ARKER, MICHAEL 3000 NE 30TH PLACE #202B FORT LAUDERDALE FL 33306</b>	
7. Name and Address of New Registered Agent Name <b>ARKER, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4245 No. Ocean DR.</b> City <b>LAUDERDALE BY THE SEA, FL</b> Zip <b>33308</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PINHAS, WILLIAM 3000 NE 30TH PL. #202B FORT LAUDERDALE FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PINHAS, WILLIAM 4245 No. Ocean DR. LAUDERDALE BY THE SEA, FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** William Pinhas **4/19/05 954 562 8225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #