2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 24, 2006 08:00 AM Secretary of State **DOCUMENT # P98000100722** 1. Entity Name DESIGN SOUTH OF PONTE VEDRA, INC. Principal Place of Business Mailing Address 10033 SAWGRASS DRIVE WEST, SUITE 200 10033 SAWGRASS DRIVE WEST, SUITE 200 PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3543252 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTIANSEN CARROLL, ANN 10033 SAWGRASS DRIVE WEST, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA FL 32082 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fitte if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May E 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change 🔲 даас ס Delete TITLE CHRISTIANSEN CARROLL, ANN NAME | U00000525624 05/04/06-80042-005 150.00 STREET ADDRESS 10033 SAWGRASS DRIVE WEST, SUITE 200 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA FL 32082 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addisc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Chango Addition 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | MAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CCTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ACORESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP THILE ☐ Delete 1a71.E ☐ Change Addition Addition MAME STREET ADDRESS STREET ADDRESS City-ST-IP CHY-ST-ZIP 12. I hereby 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 address, with all other like empowered.

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