


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P99000029183</b><br>1. Entity Name<br>D.H. DESIGN, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>6334 PARSON BROWN DRIVE<br>ORLANDO, FL 32819 | Mailing Address<br>6334 PARSON BROWN DRIVE<br>ORLANDO, FL 32819 |
|---|---|

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3569079  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |                               |
|---|-------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>FOUST, KATHLEEN M<br>17 S. ORLANDO AVENUE<br>KISSIMMEE, FL 34741 | DO NOT WRITE<br>IN THIS SPACE |
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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) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HERRING, DIANE<br>6334 PARSON BROWN DRIVE<br>ORLANDO, FL 32819   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HERRING, ROBERT<br>6334 PARSON BROWN DRIVE<br>ORLANDO, FL 32819 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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02/22/07-80004-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

**SIGNATURE:** Robert Herring Robert HERRING 2/8/07 407-913-1242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #