


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90257 006 ***150.00

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DOCUMENT # P99000057991			
1. Entity Name CUSTOM DESIGN, INC.			
Principal Place of Business 5618 N.W. 21ST STREET #33A LAUDERHILL, FL 33312		Mailing Address PO BOX 121176 FORT LAUDERDALE, FL 33312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0931419		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRUE, NOEL 5618 N.W. 21ST STREET LAUDERHILL, FL 33313		Name: True, Alexia Street Address (P.O. Box Number is Not Acceptable): 5618 N.W. 21 Street City: Lauderhill. FL Zip Code: 33313	
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: <i>Alexia True</i> / President		DATE: 4/22/05	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME VPT BROWN, EDNA STREET ADDRESS 5618 N.W. 21ST STREET CITY-ST-ZIP LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME P True, Alexia STREET ADDRESS 5618 N.W. 21st street CITY-ST-ZIP Lauderhill, Fl. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P TRUE, NOEL STREET ADDRESS 5618 NW 21 STREET CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME TR True, Noel STREET ADDRESS 5618 N.W. 21 street CITY-ST-ZIP Lauderhill, Fl. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TR TRUE, ALEXIA STREET ADDRESS 5618 NORTH WEST 21 ST CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE NAME S Brown, Monique STREET ADDRESS 5618 N.W. 21st CITY-ST-ZIP Lauderhill, Fl. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S BROWN, MONIQUE STREET ADDRESS 5618 NW 21 ST CITY-ST-ZIP LAUDERHILL, FL 33313	<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: <i>Alexia True</i> / President		DATE: 4/22/05 954.731.0518	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	