


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90379 024 ***150.00

DOCUMENT # P99000078416	
1. Entity Name THE DESIGN STANDARD INC	

Principal Place of Business 1004 COLLIER CENTER WAY SUITE 105 NAPLES, FL 34110 US	Mailing Address 8997 FALCON POINTE LOOP FORT MYERS, FL 33912
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2. Principal Place of Business 9220 BONITA BEACH RD.	3. Mailing Address 9220 BONITA BEACH RD.
Suite, Apt. #, etc. SUITE 108	Suite, Apt. #, etc. SUITE 108

City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip 34135	Country USA

40061303



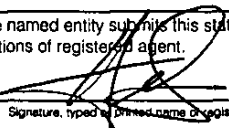
04192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3601447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, HENRY 8997 FALCON POINTE LOOP FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name HENRY GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 9220 BONITA BEACH RD. SUITE 108 City BONITA SPRINGS FL Zip Code 34135
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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.

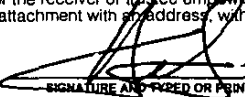
SIGNATURE  DATE **4-19-06.**

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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P GONZALEZ, HENRY 8997 FALCON POINTE LOOP FORT MYERS, FL 33912 <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
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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 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:  DATE **4-19-06.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR