## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000092393

Entity Name: FLUID DESIGNS, INC.

FILED Mar 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6541 POWERS AVE. SUITE 2 JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

PO BOX 24668 PO BOX 57487

JACKSONVILLE, FL 32241 JACKSONVILLE, FL 322417487

FEI Number: 59-3610861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN POINT ROAD
SUITE #2
JACKSONVILLE, FL 32257 US
HERNANDEZ, MEREDITH A
3617 CROWN POINT ROAD
SUITE #10
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: MEREDITH ALLEN HERNANDEZ 03/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name: REILLY, J. COURTNEY Name: REILLY, J. COURTNEY
Address: P.O. BOX 24668 Address: P.O. BOX 57487

City-St-Zip: JACKSONVILLE, FL 322414668 City-St-Zip: JACKSONVILLE, FL 322417487

Title: VPSD () Delete Title: VPSD (X) Change () Addition Name: REILLY, RICHARD G Name: REILLY, RICHARD G

 Address:
 P.O. BOX 24668
 Address:
 P.O. BOX 57487

 City-St-Zip:
 JACKSONVILLE, FL 322414668
 City-St-Zip:
 JACKSONVILLE, FL 322417487

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: ADAMS, JUDITH J Name: ADAMS, JUDITH J

 Address:
 P. O. BOX 24668
 Address:
 P. O. BOX 57487

 City-St-Zip:
 JACKSONVILLE, FL 322414668
 City-St-Zip:
 JACKSONVILLE, FL 322417487

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name:REILLY, FRANCES WName:REILLY, FRANCES WAddress:P. O. BOX 24668Address:P. O. BOX 57487

City-St-Zip: JACKSONVILLE, FL 322414668 City-St-Zip: JACKSONVILLE, FL 322417487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTNEY REILLY PTD 03/17/2006