


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90136 043 \*\*\*158.75

<b>DOCUMENT # P99000097255</b>	
1. Entity Name <b>TECSTONE DESIGN INC.</b>	

Principal Place of Business <b>3100 S. CONGRESS AVE., STE. #6 BOYNTON BEACH, FL 33426</b>	Mailing Address <b>3100 S. CONGRESS AVE., STE. #6 BOYNTON BEACH, FL 33426</b>
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**50022608**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07122006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0964371</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MUTI, SOPHIA 620 NW 10TH CT BOYNTON BEACH, FL 33426</b>		7. Name and Address of New Registered Agent Name <b>GEORGE GRUBISA</b> Street Address (P.O. Box Number is Not Acceptable) <b>509 MUIRFIELD DR.</b> City <b>ATLANTIS</b> FL Zip Code <b>33462</b>

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 GEORGE GRUBISA (NOTE: Registered Agent must be a resident of the State of Florida) DATE 7-12-06

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUTI, SOPHIA 4197 JUNIPER TERRACE BOYNTON BEACH, FL 33436 <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	P GRUBISA, GEORGE 509 MUIRFIELD DRIVE CITY OF ATLANTIS, FL 33462 <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: GEORGE GRUBISA 7-12-06 1-561-375-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #