

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90027 010 \*\*\*150.00

60007117



01032006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P23551</b>			
1. Entity Name ENVIRONMENTAL DESIGN INTERNATIONAL, LTD. INCORPORATED			
Principal Place of Business 150 INTERSTATE NORTH PKWY, STE 300 ATLANTA, GA 30339-2102 US		Mailing Address 150 INTERSTATE NORTH PKWY, STE 300 ATLANTA, GA 30339-2102 US	
2. Principal Place of Business 180 INTERSTATE N. PKWY # 300		3. Mailing Address 180 INTERSTATE N. PKWY # 300	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ATLANTA, GA		City & State ATLANTA, GA	
Zip 30339-2102	Country US	Zip 30339-2102	Country US
4. FEI Number 58-1698642		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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDSC KINSER, DONALD E 150 INTERSTATE NORTH PKWY., STE. 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTC KINSER, DONALD E. 1263 COLONY DRIVE MARIETTA, GA 30068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVM TERRY, JOEL R 150 INTERSTATE NORTH PKWY, STE. 200 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HEBBLETHWAITE, J. KEVIN 4425 ASHFORD PLACE DOUGLASVILLE, GA 30135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM HARRISON, JAMES P 150 INTERSTATE NORTH PKWY, STE. 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM HARRISON, JAMES P. 2858 INTERLAKEN DRIVE MARIETTA, GA 30062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROUGHS, H.E. BARNEY 150 INTERSTATE NORTH PKWY, STE. 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROUGHS, H.E. BARNEY 225 MT. RANIER WAY ALPHARETTA, GA 30022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM MCDONELL, T. JERRY 150 INTERSTATE NORTH PKWY, STE. 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVM MCDONELL, T. JERRY 1123 MITSY HOLLOW DRIVE MARIETTA, GA 30068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM RYMAN, WILLIAM E 150 INTERSTATE NORTH PKWY, STE. 200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM RYMAN, WILLIAM E. 1390 Oakhaven Drive Roswell, GA 30075 <input checked="" 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: *[Signature]* 1-3-06 678-202-0690  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #