

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L47929 1. Entity Name LIBRARY INTERIORS OF FLORIDA, INC.	
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FILED
2008 SEP 11 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7345 W. SANDLAKE ROAD SUITE 217 ORLANDO, FL 32819 US	Mailing Address 2801 DIVISION ST METAIRIE, LA 70002 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09102008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 58-1877256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EKBLAD, HOWARD J 764 EDISON RD AUBURNDALE, FL 33823	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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09/16/08--01016--006 **70.00
DATE

Amended AR is \$61.25	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	D EKBLAD, HOWARD J. <input type="checkbox"/> Delete	TITLE	D CARL B. EKBLAD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EKBLAD, HOWARD J.	NAME	CARL B. EKBLAD
STREET ADDRESS	764 EDISON RD	STREET ADDRESS	2801 DIVISION ST
CITY-ST-ZIP	AUBURNDALE, FL	CITY-ST-ZIP	METAIRIE, LA 70002
TITLE	PST <input type="checkbox"/> Delete	TITLE	✓ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EKBLAD, HOWARD J	NAME	JEFF HUNT
STREET ADDRESS	764 EDISON DR	STREET ADDRESS	18302 HIGHWOODS PRESERVE PKWY, STE. 330
CITY-ST-ZIP	AUBURNDALE, FL	CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> Delete	TITLE	✓ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBERT S. GRANT
STREET ADDRESS		STREET ADDRESS	20685 NW 26TH CT.
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> Delete	TITLE	✓ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JENNIFER L. SIENKIEWICZ
STREET ADDRESS		STREET ADDRESS	5007 CASPIAN COURT
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Howard J. Ekblad 9/10/2008 504-885-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #