2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# P02000062566

Entity Name: INTERIORS UNLIMITED OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1133 BAL HARBOR BLVD 321
STE 1139
PUNTA GORDA, FL 339506574

New Principal Place of Business:

1199 RICARDO LANE
PUNTA GORDA, FL 33983

Current Mailing Address:

1133 BAL HARBOR BLVD 321
STE 1139
PUNTA GORDA, FL 339506574

New Mailing Address:

1199 RICARDO LANE
PUNTA GORDA, FL 33983

FEI Number: 52-2371381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPKINS, DAVID
1133 BAL HORHE BLVD
PUNTA GORDA, FL 33730 US

Name and Address of New Registered Agent:

HOPKINS, DAVID
1199 RICARDO LANE
PUNTA GORDA, FL 33983 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: 04/14/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOPKINS, DAVID
Address: 1133 BAL HARBOR BLVD 321 STE 1139
City-St-Zip: PUNTA GORDA, FL 339506574

Title: STD ( ) Delete
Name: HOPKINS, ANN M
Address: 1133 BAL HARBOR BLVD 321 STE 1139
City-St-Zip: PUNTA GORDA, FL 339506574

Title: VP ( ) Delete
Name: HOPKINS, JASON M
Address: 1133 BAL HARBOR BLVD 321 STE 1139
City-St-Zip: PUNTA GORDA, FL 339506574

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOPKINS, DAVID
Address: 1199 RICARDO LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: STD (X) Change ( ) Addition
Name: HOPKINS, ANN M
Address: 1199 RICARDO LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP (X) Change ( ) Addition
Name: HOPKINS, JASON M
Address: 12063 GLADIOLA
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify 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: DAVID HOPKINS PD 04/14/2008
Electronic Signature of Signing Officer or Director — Date