

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90034 008 ***158.75

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1. Entity Name

ART OF LIVING INTERIORS INC.

Principal Place of Business

501 CANAL STREET
NEW SMYRNA BEACH, FL 32168

Mailing Address

501 CANAL STREET
NEW SMYRNA BEACH, FL 32168



DO NOT WRITE IN THIS SPACE

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number

45-0512617

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROPER, LAUREN
501 CANAL STREET
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS VT**
NAME ROPER, LAUREN
STREET ADDRESS 501 CANAL STREET
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE **PS**
NAME ROPER, SIMON
STREET ADDRESS 501 CANAL STREET
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-37-05 (386) 846-2690