


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

08-06-2004 90001 040 ***150.00

DOCUMENT # P94000002663

1. Entity Name
INTERIOR MARKETPLACE, INC.



Principal Place of Business Mailing Address

243 S US HIGHWAY ONE **243 S US HIGHWAY ONE**
TEQUESTA, FL 33469 **TEQUESTA, FL 33469**

66433911



07102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0469329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

LASCALA, ALLEN
243 S US HIGHWAY ONE
TEQUESTA, FL 33469

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9. 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: *Allen Lascala* #8082 #2/04 DATE: _____

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN LASCALA
STREET ADDRESS	243 S US HIGHWAY ONE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: *Allen Lascala* Date: **9-16-04** Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR