2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State
01-26-2006 90040 004 ***150.00

DOCUMENT # P98000059389

1. Entity Name
DESIGN INTERIORS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~836 BOUGAINVILLEA LANE SUITE A VERO BEACH, FL 32963~~	~~836 BOUGAINVILLEA LANE SUITE A VERO BEACH, FL 32963~~

01192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
SLOANE PROFESSIONAL BUILDING	
Suite, Apt. #, etc.: 956 20TH ST.	Suite, Apt. #, etc.: 2046 TREASURE COAST PLAZA #307
City & State: VERO BEACH, FL	City & State: VERO BEACH, FL
Zip: 32960 Country: INDIAN RIVER	Zip: 32960 Country: INDIAN RIVER

4. FEI Number: 65-0878908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANRY, BETTY N	Name:
~~836 BOUGAINVILLEA LN~~	Street Address (P.O. Box Number is Not Acceptable): 2046 TREASURE COAST PLAZA #307
~~VERO BEACH, FL 32963~~	City: VERO BEACH, FL FL Zip Code: 32960

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] BETTY N. MANRY 1/19/2006
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, 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	PST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MANRY, BETTY N		NAME		
STREET ADDRESS	836 BOUGAINVILLEA LANE, SUITE C		STREET ADDRESS	650 ROYAL PALM BLVD #4	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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: [signature] BETTY N. MANRY 1/19/2006 772-231-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #