2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Aug 02, 2004 08:00 AM Secretary of State DOCUMENT # P99000082054 1. Entity Name CARTER & ASSOCIATES INTERIOR DESIGNS, INC. Principal Place of Business Mailing Address 8700 RIDGEWOOD AVE., #PH-7A 8700 RIDGEWOOD AVE., #PH-7A CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2963034 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MARRAFFINO, LAWRENCE J DO NOT WRITE 3312 W UNIVERSITY AVE SUITE 2 IN THIS SPACE GAINESVILLE, FL 32607 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 refresating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be <u>U</u>QQQQQ169248 Trust Fund Contribution. Due by September 3, 2004 Added to Fees OFFICERS AND DIRECTORS 16. D BBLE NAME

′04-80016-021 500.00 CARTER, SUSIE 8700 RIDGEWOOD AVE., #PH-7A STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 U00000163248 08/02/04-80016-022 50.00 TITLE WESSNER, BARBARA NAME STREET ADDRESS 1193 HONEYBEE LANE CITY-ST-ZIP MELBOURNE, FL 32940 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BILE IN THIS SPACE NAME STREET ACORESS CDY-SY-79 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 septort 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:

CITY-ST-ZP