2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 29, 2005 08:00 AM Secretary of State

DOCUMENT # V05231				Secretary of State			
1. Entity Name			[~ `		<i>J</i> = ~	
	CHAELS INTERIOR DESIGN						
Principal Place	e of Business	Mailing Address		1			
720 MORSE		720 MORSE BLVD	JS	1			
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		Andrew County A	The state of the s)		: W.D.I. B.B.I. BIBLI; B.S.II	MINTER MINIMENT () INNO
			01172005	No Chg-P	CR2E034 (1	0/03)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number			Applied For
				65-0306	75° 47° 7	<u> </u>	Not Applicable 75 Additional
				5. Certificate of	of Status Desired		Required
	6. Name and Address of Current Re	gistered Agent					
ABBOTT, I	MICHAEL J		חֹת י	NOT W	RITE		
720 W. MORSE BLVD WINTER PARK, FL 32789			DO NOT WRITE				
VVIIVILICI	A1111,1 L 02100	•	}	IN I	HIS SF	ACE	
	named entity submits this statement for th	e purpose of changing its register	red office or register	red agent, or both	, in the State of Flo	orida. I am famili	ar with, and accept
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registaried agent and the 11 applicable (INDITE Registered Agen) signature required when reinstating)							
 :-				्रक क्रिकेट स्टब्स			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Stection Campaign Fina Trust Fund Contribution.		.00 May Be ded to Fees	Lasmo	· ·	
10.	OFFICERS AND DI	RECTORS	the state of the s	modele A Cale Cla 👉	61/29/0	90203563 5-80035-0	114 150.00
TITLE NAME	DST ABBOTT, MICHAEL						ar e radia dia
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CITY-ST-ZIP	WINTER PARK, FL		4				
TITLE NAME	PD THEE, S. MARK			<u></u>			•
STREET ADDRESS	720 W. MORSE BLVD		1				
CITY-ST-ZIP	WINTER PARK, FL		- } .				
MAME	HURT, ANDREA	•				-	*
STREET ADDRESS	720 W. MORSE BLVD			DO	NOT W	/RITE	
CITY-ST-ZIP TITLE	WINTER PARK, FL	7 7 TO 10 TO	-	_	_		
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I	certify that the information supplied with the	is filing does not qualify for the ex-	emption stated in Si	ection (19.07(3)(), Florida Statutes.	I further certify th	nat the information
indicated of the co	certify that the information supplied with the don this report of supplemental report is trapporation of the receiver or trusted empower.	ue and accurate and that my sign ered to execute this report as requ	ature shall have the iired by Chapter 60	same legal effec 7, Florida Statute	t as if made under s, and that my nam	oath; that I am a ne appears in Blo	n officer or director ck 10 or Block 11 if
i changed	l, or on an attachment with an address wit	n allother like empowered.					
	// / //// Y		4001 T	King Lay	T. 1 21/~	(640)	1 5 m (CH)