2008 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # V05772** INTERIOR MAGIC, INC. Principal Place of Business Mailing Address 1313 S MILITARY TRAIL 1313 S MILITARY TRAIL **SUITE 133** SUITE 133 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 01282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0320455 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAKELLSON, PERRY DO NOT WRITE 1313 S MILITARY TRAIL IN THIS SPACE **SUITE 133** DEERFIELD BEACH, FL 33442 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, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DP TITLE SAKELLSON, PERRY NAME U00000836441 03/04/08-80017-023 150.00 STREET ADDRESS 1313 S MILITARY TRAIL #133 CITY - ST - ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS CITY - ST- 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 recovery of 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

STREET ADDRESS CITY-ST-7IP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR