



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000061274	
1. Entity Name WETHERBEE INTERIORS, INC.	

Principal Place of Business 1578 SW BALMORAL TRACE STUART, FL 34997	Mailing Address 1578 SW BALMORAL TRACE STUART, FL 34997
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DO NOT WRITE IN THIS SPACE

	
01172005	No Chg-P
CR2E034 (10/03)	
4. FEI Number 04-3670439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MCKINNEY, MARIA I 1578 SW BALMORAL TRACE STUART, FL 34997	DO NOT WRITE IN THIS SPACE
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 _____	DATE _____
<small>Signature: typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, MARIA I 1578 SW BALMORAL TRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKINNEY, ROBERT A 1578 SW BALMORAL TRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAGOL, DIEGO 1420 LUGO AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAGOL, MILDRED L 1420 LUGO AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WETHERBEE, STELLA 1575 SW SILVER PINE WAY PALM CITY, FL 34990
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: <u>Maria McKinney</u>	Vice-President 772-485- <u>8013</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>