2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P01000039690

Entity Name: CAPITAL BUSINESS INTERIORS, INC.

Current Principal Place of Business:

132-1 HAMILTON PARK DRIVE
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

132-1 HAMILTON PARK DRIVE
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-3714891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALTER, DONNA V
411 SW 117TH ST
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SALTER, DONNA VICKI
Address: 411 S W 117TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: VC ( ) Delete
Name: SALTER, HELEN D
Address: 2345 N WATERSEDGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S ( ) Delete
Name: SALTER, DAVID P
Address: 411 SW 117TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete
Name: SALTER, WILLIAM E JR
Address: 2345 N WATERSEDGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP ( ) Delete
Name: FEENEY, MEREDITH
Address: 3780 IVY GREEN TR
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ALLEY, JILLIAN R
Address: 4940 N W 21ST STREET
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA VICKI SALTER RL P 04/21/2009

Electronic Signature of Signing Officer or Director Date