

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                 |                                                                                   |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 419103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                 |                                                                                   |  |  |
| 1. Entity Name<br>INNOVATIONS FOR INTERIORS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                 |                                                                                   |                                                                                   |  |
| Principal Place of Business<br>11096 CLOVERLEAF CIR<br>BOCA RATON, FL 33428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                 | Mailing Address<br>11096 CLOVERLEAF CIR<br>BOCA RATON, FL 33428                   |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                 | 3. Mailing Address                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                 | Suite, Apt. #, etc.                                                               |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                 | City & State                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | Country                                                                                                         |                                                                                   | Zip                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                 |                                                                                   | Country                                                                           |  |
| 04022004 Chg-P CR2E034 (10/03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                 |                                                                                   | 4. FEI Number<br>59-1441248                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                 |                                                                                   | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                 |                                                                                   | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                 | 7. Name and Address of New Registered Agent                                       |                                                                                   |  |
| COURTNEY, MORRIE<br>11096 CLOVER LEAF CIRCLE<br>BOCA RATON, FL 33428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                 |                                                                                   |                                                                                   |  |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                   |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>COURTNEY, ANITA<br>11096 CLOVER LEAF CIRCLE<br>BOCA RATON, FL 33428  | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SD<br>COURTNEY, MORRIE<br>11096 CLOVER LEAF CIRCLE<br>BOCA RATON, FL 33428 | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                                 | 4/29/04 561-487-2254<br>Date Daytime Phone                                        |                                                                                   |  |