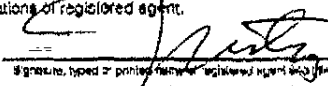
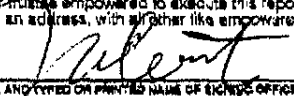


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 419103		
1. Entity Name INNOVATIONS FOR INTERIORS, INC.		
Principal Place of Business 11096 CLOVERLEAF CIR BOCA RATON, FL 33428		Mailing Address 11096 CLOVERLEAF CIR BOCA RATON, FL 33428
DO NOT WRITE IN THIS SPACE		
		
01252005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-1441248		Applied For (No) Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
COURTNEY, MORRIE 11096 CLOVER LEAF CIRCLE BOCA RATON, FL 33428		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  Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing)		DATE 4/27/05
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000334549 04/27/05-80047-022 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	COURTNEY, ANITA	
STREET ADDRESS	11096 CLOVER LEAF CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	SD	
NAME	COURTNEY, MORRIE	
STREET ADDRESS	11096 CLOVER LEAF CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/27/05 System Print #