

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465359

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: BERNICE SCHORR INTERIORS,INC..

**Current Principal Place of Business:**

18 ESTATE DRIVE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

18 ESTATE DRIVE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: 59-1564379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHORR, STEPHEN  
1700 NW 2 AVENUE  
BOCA RATON, FL 33432 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: DPT ( ) Delete  
Name: SCHORR, STEPHEN,  
Address: 625 NE 3RD AVE  
City-St-Zip: FT LAUDERDALE, FL

Title: DVP ( ) Delete  
Name: SCHORR, BERNICE,  
Address: 18 ESTATE DR  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN A. SCHORR

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04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date