


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 582013		
1. Entity Name INTERIOR CREATIONS, INC.		
Principal Place of Business 8680 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	Mailing Address 8680 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	

FILED

06 APR -7 PM 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1801881	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STOFTLER JR, RICHARD H. 8680 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000073990866 05/04/06--01020--029 **283.75
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOTTLE, JR, RICHARD H 8680 N. ATLANTIC AVENUE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEEVERS, J C 8680 N ATLANTIC AVE CAPE CANAVERAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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: Richard H Stottler Jr, Pres. 4/4/06 321-783-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #