

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90093 019 \*\*\*150.00

<b>DOCUMENT # F02000000533</b> 1. Entity Name <b>FOSTER BUSINESS INTERIORS, INC.</b>					
Principal Place of Business <b>5055 OLD ELLIS POINTE ST G-2</b> <b>ROSWELL, GA 30076</b>				Mailing Address <b>5055 OLD ELLIS POINTE ST G-2</b> <b>ROSWELL, GA 30076</b>	
2. Principal Place of Business <b>17745 Ashley Dr</b> Suite, Apt. #, etc. <b>St A</b> City & State <b>Panama City Beach, FL</b> Zip <b>32413</b>		3. Mailing Address <b>17745 Ashley Dr</b> Suite, Apt. #, etc. <b>St A</b> City & State <b>Panama City Beach, FL</b> Zip <b>32413</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>58-1987841</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WATSON, FRANKLIN H</b> <b>5385 E. COUNTY HWY 30-A, ST 105</b> <b>SEAGROVE, FL 32459</b>				7. Name and Address of New Registered Agent Name <b>Sheila Waldner</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 Prospect Promenade #103</b> City & State <b>Panama City Beach, FL</b>	
Zip Code <b>32413</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD WALDNER, SHEILA F <del>5055 OLD ELLIS POINTE, ST G-2</del> ROSWELL, GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1101 Prospect Promenade #103 Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALDNER, RICHARD <del>5055 OLD ELLIS POINTE, ST G-2</del> ROSWELL, GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1101 Prospect Promenade #103 Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(i), 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 <b>Sheila Waldner</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5-2-05</b> 850 234 5772 <small>Daytime Phone #</small>		