

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000002562

1. Entity Name
INTERIOR ALTERATIONS, INC.



**FILED
Jan 18, 2005 8:00 am
Secretary of State**

01-18-2005 90046 032 ***150.00

40002269



01062005 Chg-P CR2E034 (10/03)

Principal Place of Business 318 WEST ADAMS STREET CHICAGO, IL 60606	Mailing Address C/O HOWARD G. KAPLAN 180 NORTH LASALLE STREET, SUITE 2505 CHICAGO, IL 60601
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number
36-3603024

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE CD
NAME KOBYLAR, LESTER J
STREET ADDRESS 318 WEST ADAMS STREET
CITY-ST-ZIP CHICAGO, IL 60606

Delete

TITLE STD
NAME MATTINGLY, NANCY
STREET ADDRESS 318 WEST ADAMS STREET
CITY-ST-ZIP CHICAGO, IL 60606

Delete

TITLE PD
NAME GROGAN, WILLIAM
STREET ADDRESS 318 WEST ADAMS STREET
CITY-ST-ZIP CHICAGO, IL 60606

Delete

TITLE PD
NAME MCKENNA, ROBERT D
STREET ADDRESS 318 WEST ADAMS ST.
CITY-ST-ZIP CHICAGO, IL 60606

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Robert D. McKenna*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 (312) 454-1599
Date Daytime Phone #