


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90010 005 \*\*\*150.00

**60014672**



<b>DOCUMENT # F57349</b>			
1. Entity Name JESTAN INTERIOR DESIGN, INC.			
Principal Place of Business 3014 MAINSAIL CR JUPITER, FL 33477		Mailing Address 3014 MAINSAIL CR JUPITER, FL 33477	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SACHS, NINA 3014 MAINSAIL CR JUPITER, FL 33477		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SACHS, NINA 3014 MAINSAIL CR JUPITER, FL <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
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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 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: <i>Nina Sachs</i>		Date: <i>2/13/06</i> Daytime Phone #: <i>561 758-1528</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

*See attached Fern# IRS*

RS Department of the Treasury  
Internal Revenue Service

ATTACHMENT

OGDEN UT 84201-0046

60014672

#F57349

In reply refer to: 0424365279

June 15, 2005 LTR 147C

90-0225462 000000 00 000

04304

BODC: SB

JESTAN INTERIOR DESIGN INC  
3014 MAINSAIL CIR  
JUPITER FL 33477-1420144



001394

Employer Identification Number: 90-0225462

Dear Taxpayer:

Thank you for the inquiry dated May 04, 2005.

We received your request telling us that your Employer Identification Number [EIN] is 60-1806528. We have no record of assigning you this number. Please send us a copy of the original IRS notice assigning you this number. If you no longer have the notice, please use the EIN shown above.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank