2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 09, 2006 8:00 am Secretary of State DOCUMENT # F94000004642 05-09-2006 90072 037 ***150.00 JAN HORTON ART & INTERIORS LTD., INC. Principal Place of Business Mailing Address 1209A 3RD ST. S. NAPLES FL 33940 1209A 3RD ST. S. NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address 1207320555. 1207 3RD ST.S. 1st MOORE CR2E034 (10/05) #3 City & State City & State 4. FEI Number Applied For 11-2639376 NAPHCS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. TALLAHASSEE FL 32301 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE ☐ Delete TITLE □ Addition NAME NAME SOWARBY, JAN H 1207 320575. NAPLES FZ 3410V STREET ADDRESS STREET ADDRESS 513 BAY VILLA LANE CITY-ST-ZIP NAPLES FL 34108 CITY-ST-7/P ST Change TITLE ☐ Delete TITLE ☐ Addition MAME SOWARBY, JOHN L NAME 1207 3RD STS. NATLES FZ 3410Y STREET ADDRESS 513 BAY VILLA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Change TIFLE Delete ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILF Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

FILED