

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90034 027 ***558.75

DOCUMENT # F99000003346 1. Entity Name WILSON & ASSOCIATES INTERIOR DESIGN, INC.	
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Principal Place of Business 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 75219-4419	Mailing Address 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 75219-4419
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1580971	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, TRISHA 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 752194419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIMELSPACH, JAMES R 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 752194419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEUMANN, CHERYL 3811 TURTLE CREEK BLVD., SUITE 1500 DALLAS, TX 752194419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF THOMAS, PEGGY J 3811 TUETTE CREEK BLVD # 1500 DALLAS, TX 752194419
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Peggy J. Thomas, 6/30/2005 (214) 521-6753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #