2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G40568

1. Entity Name PHILIP TAIT INTERIORS, INC.



FILED Apr 10, 2007 08:00 Al Secretary of State

Principal Place of Business

15400 N PEBBLE LANE FT MYERS, FL 33912-7310 US Mailing Address

P.O. BOX 61734

US FT MYERS, FL 33906



	DO	NOT	WRITE	IN	THIS	SPACE
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03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2304463

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAIT, PHILIP J PRES. 15400 N PEBBLE LANE **FT MYERS, FL 33912**

DO NOT WRITE 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, typed or preted name of registered agent and tatle if applicable. (NOTE: Registered Agent signature required when remistating) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.					\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TAIT, PHILIP J PRES. 15400 N. PEBBLE LANE FT. MYERS, FL					U00000638784					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAIT, LESLIE D VP 15400 N. PEBBLE LANE FT. MYERS, FL 33912					04/19/07-80016-015	150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					IN ⁻	THIS SPACE					
TITLE NAME STREET ADDRESS											

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 after like empowered.

SIGNATURE:

CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TY