

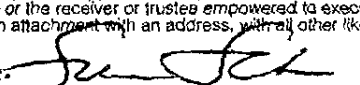


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G83045</b> 1. Entity Name <b>SUSAN SCHAIN INTERIOR DESIGNS, INC.</b>			
Principal Place of Business <b>2699 STIRLING RD., SUITE B-206 FT. LAUDERDALE, FL 33312</b>		Mailing Address <b>2699 STIRLING RD., SUITE B-206 FT. LAUDERDALE, FL 33312</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 04112006    No Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>SCHAIN, SUSAN 2690 STIRLING RD. B-206 FORT LAUDERDALE, FL 33312</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
		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 re-stating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
<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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000561020 05/18/06-80062-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PO SCHAIN, SUSAN 11627 N.W. 69TH PLACE PARKLAND, FL 33076</b>			
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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, without other like empowered.			
<b>SIGNATURE:</b>  <b>Susa Schain</b> 4/30/06 454-757-6607		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	