


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 AM
Secretary of State

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| DOCUMENT # G83045 |  |
| 1. Entity Name SUSAN SCHAIN INTERIOR DESIGNS, INC. | |

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| Principal Place of Business 2699 STIRLING RD., SUITE B-206 FT. LAUDERDALE, FL 33312 | Mailing Address 2699 STIRLING RD., SUITE B-206 FT. LAUDERDALE, FL 33312 |
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DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2369179 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SCHAIN, SUSAN 2690 STIRLING RD. B-206 FORT LAUDERDALE, FL 33312 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 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 | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD SCHAIN, SUSAN 11627 N.W. 69TH PLACE PARKLAND, FL 33076 |
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05/25/07-80054-015 150.00

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.

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| SIGNATURE:  |  | 4/30/07  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |