

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90034 048 \*\*\*150.00

<b>DOCUMENT # G83134</b> 1. Entity Name <b>HABITAT INTERIORS, INC.</b>																																							
Principal Place of Business <b>4906 S DIXIE HWY</b> <b>W. PALM BEACH, FL 33405 US</b>			Mailing Address <b>P.O. BOX 6488</b> <b>WEST PALM BEACH, FL 33405-7488 US</b>																																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4906 S Dixie Hwy</b> Suite, Apt. #, etc.																																					
City & State <b>West Palm Beach FL</b>		City & State <b>West Palm Beach FL</b>																																					
Zip <b>33405</b>	Country	Zip <b>33405</b>	Country	4. FEI Number <b>59-2660827</b>																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																			
6. Name and Address of Current Registered Agent  <b>ELIAS, KENNETH B. ---</b> <b>3800 WASHINGTON RD.</b> <b>APT. #802</b> <b>WEST PALM BEACH, FL 33405</b>			7. Name and Address of New Registered Agent  Name <b>Kenneth B. Elias</b> Street Address (P.O. Box Number is Not Acceptable) <b>595 N. Lake Way</b> City <b>Palm Beach</b> <b>FL</b> Zip Code <b>33480</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: <u><i>Kenneth B. Elias</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <b>PSD</b>  <b>ELIAS, KENNETH</b>  <b>3800 WASHINGTON RD. #802</b>  <b>W. PALM BCH., FL</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PSD</b> <b>ELIAS, KENNETH</b> <b>3800 WASHINGTON RD. #802</b> <b>W. PALM BCH., FL</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 with all the like empowered. SIGNATURE: <u><i>Kenneth B. Elias</i></u> Date: _____ Device Phone #: _____																																							

**60022227**



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