

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # G98196 1. Entity Name MARILYNN BERKE INTERIOR DESIGN ASSOCIATES, INC.																																											
Principal Place of Business % LOUIS BERKE 1201 U.S. HWY 1, SUITE 335 N. PALM BEACH, FL 33408		Mailing Address % LOUIS BERKE 1201 U.S. HWY 1, SUITE 335 N. PALM BEACH, FL 33408																																									
DO NOT WRITE IN THIS SPACE		 01072004 No Chg-P CR2E034 (10/03)																																									
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2391680</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-2391680	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 BERKE, LOUIS 1201 U.S. HWY 1, SUITE 335 N. PALM BEACH, FL 33408		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
		000000112585 04/14/04-80028-020 150.00																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>BERKE, MARILYNN</td></tr><tr><td>STREET ADDRESS</td><td>1201 US HWY ONE STE 335</td></tr><tr><td>CITY- ST- ZIP</td><td>N. PALM BEACH, FL</td></tr><tr><td>TITLE</td><td>STD</td></tr><tr><td>NAME</td><td>BERKE, LOUIS</td></tr><tr><td>STREET ADDRESS</td><td>1201 US HWY ONE STE 335</td></tr><tr><td>CITY- ST- ZIP</td><td>N. PALM BEACH, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	PD	NAME	BERKE, MARILYNN	STREET ADDRESS	1201 US HWY ONE STE 335	CITY- ST- ZIP	N. PALM BEACH, FL	TITLE	STD	NAME	BERKE, LOUIS	STREET ADDRESS	1201 US HWY ONE STE 335	CITY- ST- ZIP	N. PALM BEACH, FL	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/8/04 Daytime Phone # _____																																									