


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # H28513		
1. Entity Name BULLOCK TICE ASSOCIATES INTERIOR DESIGNERS, INC.		
Principal Place of Business 909 E. CERVANTES, SUITE B PENSACOLA, FL 32501	Mailing Address 909 E. CERVANTES, SUITE B PENSACOLA, FL 32501	



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2458730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TICE, JOHN P JR 909 EAST CERVANTES SUITE B PENSACOLA, FL 32501	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000334326 02/28/08-80047-025 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TICE, JR. J P 909 EAST CERVANTES, STE. B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP RICHARDSON, MICHAEL C 909 EAST CERVANTES, STE. B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHLEY, DOUGLAS S 909 EAST CERVANTES, STE. B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLLOY, JON R 909 EAST CERVANTES, STE. B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLACE, JEAN V 909 EAST CERVANTES, STE. B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jean V. Wallace 2/18/08