2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K67275

1. Entity Name

TERRY REGNIER INTERIORS, INC.



Principal Place of Business

Mailing Address

364 NW 65 TERRACE

P.O. BOX 15335

FORT LAUDERDALE, FL 33317-2468 US

PLANTATION, FL 33318-5335 US

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90354 005 ***150.00



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0099479 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGNIER, TERRY R 364 NW 65 TERR_ PLANTATION, FL 3317-468 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 Signature, typed or printel name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REGNIER, TYRRELL R. 364 N.W. 65TH TERRACE PLANTATION, FL				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 of 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 akachment with an address, with all other like empowered to the corporation of the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of the receiver or trustee empowered to the corporation of 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

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

954-792-030)