2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# L04000012508

Entity Name: INGENIOUS INTERIORS, LLC

Current Principal Place of Business:

6980 HIDDEN OAKS CIRCLE
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

6980 HIDDEN OAKS CIRCLE
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCALDE-RODRIGO, MARIA ISABELLE
6980 HIDDEN OAKS CIRCLE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

ALCALDE-RODRIGO, MARIA ISABEL
6980 HIDDEN OAKS CIRCLE
CLEARWATER, FL 33764 US

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.

SIGNATURE: ISABEL ALCALDE RODRIGO 04/21/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALCALDE-RODRIGO, MARIA ISABELLE
Address: 6980 HIDDEN OAKS CIRCLE
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGR ( ) Delete
Name: GLENN, DARRYL T
Address: 6980 HIDDEN OAKS CIRCLE
City-St-Zip: CLEATWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALCALDE-RODRIGO, MARIA ISABEL
Address: 6980 HIDDEN OAKS CIRCLE
City-St-Zip: CLEARWATER, FL 33764 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ISABEL ALCALDE RODRIGO MRS. 04/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date