2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23469

Entity Name: ROSANA FLEMING INTERIOR DESIGN, INC.

FILED Jul 29, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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201 CRANOON BLVD 235 CRANDON BLVD

APT 344 SUITE 7

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

201 CRANOON BLVD 235 CRANDON BLVD

APT 344 SUITE 7

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 US

FEI Number: 65-0150265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLEMING, ROSANA
14560 FITZPATRICK RD
MIAMI LAKES, FL 33014 US

FLEMING, ROSANA
201 CRANDON BLVD.
APT. 344

KEY BISCAYNE, FL 33149 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: ROSANA FLEMING 07/29/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 FLEMING, ROSANA
 Name:

 Address:
 201 CRANOON BLVD #344
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

Title: DST () Delete Title: DST (X) Change () Addition

Name:FLEMING, MARK WName:FLEMING, MARK WAddress:14560 FITZPATRICK RDAddress:201 CRANDON BLVD. #344City-St-Zip:MIAMI LAKES, FLCity-St-Zip:KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSANA FLEMING PRES 07/29/2006