2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 23, 2007 08:00 AN Secretary of State DOCUMENT # M06000003419 Entity Name K. FULLER INTERIORS LLC Principal Place of Business Mailing Address **491 KILVERT STREET 491 KILVERT STREET** WARWICK, RI 02886 WARWICK, RI 02886 08032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 83-0451717 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. DO NOT WRITE 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303 IN THIS SPACE 3. 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 DATE Simplians, based or region treate of registered spent and title & spokesble. DMTTE: Recessored Americ recombine movined when recessfully Filing Fee is \$50.00 Due by September 14, 2007 999999772720 98723707-80006-017 50.00 MANAGING MEMBERS/MANAGERS 5, MGRM IIILE KELLEHER FULLER, KRISTINE R HALE STREET ADDRESS **491 KILVERT STREET** DTY-ST-78 WARWICK, RI 02886 TITLE MAKE STREET ADDRESS CITY-ST-ZP MARK STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE nn E NASE STREET ADDRESS CITY-ST-ZP HUE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DTY-ST-7P

FILED

SIGNATURE: Sustine R Kellele us Julia Kristine R Kelle Her Fuer 8/8/07(401) 785-1985

11. 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 is true and accurate and that my 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.