


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M64057</b> 1. Entity Name <b>OEC BUSINESS INTERIORS, INC.</b>	
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Principal Place of Business <b>1601 NW 80TH BLVD GAINESVILLE, FL 32606 US</b>	Mailing Address <b>1601 NW 80TH BLVD GAINESVILLE, FL 32606 US</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>SALTER, WILLIAM E JR 2345 N WATSEEDGE DRIVE CRYSTAL RIVER, FL 34429</b>	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 \_\_\_\_\_

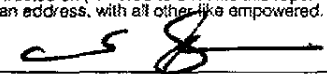
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SALTER, WILLIAM E., JR. 2345 N WATSEEDGE DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALTER, DAVID P. 411 SW 117TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALTER, HELEN 2345 N WATSEEDGE DRIVE CRYSTAL RIVER, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALTER, VICKI 411 SW 117TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

000000060623  
02/23/04-80046-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2-19-04** **352-332-1192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #