

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64057

FILED
Apr 29, 2008
Secretary of State

Entity Name: OEC BUSINESS INTERIORS, INC.

Current Principal Place of Business:

1601 NW 80TH BLVD
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

1601 NW 80TH BLVD
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-2866517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALTER, WILLIAM E JR
2345 N WATERSEEDGE DRIVE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALTER, WILLIAM E.,J, R.
Address: 2345 N WATERSEEDGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP () Delete
Name: SALTER, DAVID P.,
Address: 411 SW 117TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: SALTER, HELEN,
Address: 2345 N WATERSEEDGE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 32608

Title: S () Delete
Name: SALTER, VICKI
Address: 411 SW 117TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: V () Delete
Name: KELLY, KATHRYN K
Address: 3821 NE 19TH ST CIRCLE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change () Addition
Name: KELLY, KATHRYN K
Address: 3821 NE 19TH ST CIRCLE
City-St-Zip: OCALA, FL 34470

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 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: SALTER DAVID P

VP

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date