
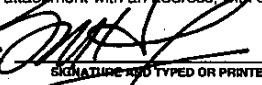


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90032 048 \*\*\*\*61.25

<b>DOCUMENT # N95000000213</b>					
<b>1. Entity Name</b> INTERIOR DESIGN ASSOCIATIONS FOUNDATION, INC.					
<b>Principal Place of Business</b> % DESIGNWORKS CREATIVE PARTNERSHIP 250 ROYAL COURT DELRAY BEACH, FL 33444			<b>Mailing Address</b> % DESIGNWORKS CREATIVE PARTNERSHIP 250 ROYAL COURT DELRAY BEACH, FL 33444		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01062005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 65-0561445				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HEFNER, STEVEN M %DESIGNWORKS CREATIVE PARTNERSHIP 250 ROYAL COURT DELRAY BEACH, FL 33444			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL    Zip Code</div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> CROSBY, SUSETTE WILDER 4480 BAYSHORE CIRCLE TALLAHASSEE, FL 32309 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Crosby, Susette Wilder 4480 Bayshore Circle Tallahassee, FL 32309 <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PE</b> HEFNERN, STEVEN M 250 ROYAL COURT DELRAY BEACH, FL 33444 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> Hefner, Steven M. 250 Royal Court Delray Beach, FL 33444 <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> WINGATE, ANN 334 EAST DUVAL STREET JACKSONVILLE, FL 32202 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PE</b> Bao-Garciga, Aida 12155 SW 94th Avenue Miami, FL 33176 <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> WIRTZ, MICHAEL 345 W PALMETTO PARK ROAD BOCA RATON, FL 33432 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> Wirtz, Michael 345 West Palmetto Park Road Boca Raton, FL 33432 <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> SIEGEL, SHELLEY 9268 PALOMINO DRIVE LAKE WORTH, FL 33467 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> DUNN-GLISPIN, LAURINE 68 NE 91ST STREET MIAMI SHORES, FL 33138 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Bragg, Lorraine M. 811 Ponce De Leon Blvd Coral Gables, FL 33134 <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.</b>					
<b>SIGNATURE:</b> 			Steven M. Hefner		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/6/05    561-272-6855 <small>Date    Daytime Phone #</small>		