2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000213

1. Entity Name

INTERIOR DESIGN ASSOCIATIONS FOUNDATION, INC.



FILED Jul 21, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

% DESIGNWORKS CREATIVE PARTNERSHIP 250 ROYAL COURT DELRAY BEACH, FL 33444 % DESIGNWORKS CREATIVE PARTNERSHIP 250 ROYAL COURT DELRAY BEACH, FL 33444



07052006 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0561445 Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HEFNER, STEVEN M %DESIGNWORKS CREATIVE PARTNERSHIP 250 ROYAL COURT DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

	Signature, typed or printed name of registered agent and tipe if applicable. (NOTE: Registered Agent signature required when reinstating			required when reinstating)	DATE	
D	Filing Fee is \$61.25 ue by September 6, 2006	Election Campaign Financing Trust Fund Contribution.	0	\$5.00 May Be Added to Fees	000000571734 07/21/06-80010-006 61.25	
10.	OFFICERS AND DIRECTORS			DWG BENEFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, SUSETTE WILDER 4480 BAYSHORE CIRCLE TALLAHASSEE, FL 32309					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEFNERN, STEVEN M 250 ROYAL COURT DELRAY BEACH, FL 33444					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BAO-GARCIGA, AIDA 12155 SW 94TH AVE MIAMI, FL 33176			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIRTZ, MICHAEL 345 W PALMETTO PARK ROAD BOCA RATON, FL 33432			i (IN	THIS:SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, SHELLEY 9268 PALOMINO DRIVE LAKE WORTH, FL 33467					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGG, LORRAINE M 811 PONCE DELEON BLVD CORAL GABLES, FL 33134					

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

THAN MICHAEL WIETZ
PRICES OR DIRECTOR
Date

12000 Daytime Phone 8