

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90078 002 ***150.00

DOCUMENT # P00000046016					
1. Entity Name CALM INTERIORS, INC.					
Principal Place of Business 9225 NW 63RD COURT PARKLAND, FL 33067			Mailing Address 9225 NW 63RD COURT PARKLAND, FL 33067		
2. Principal Place of Business - No P.O. Box # <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1010202	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, CYNTHIA L 9225 NW 63RD COURT PARKLAND, FL 33067			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Cynthia L. Mason</i> 2/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	P MASON, CYNTHIA L 9225 NW 63RD COURT PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	T MASON, NORMAN D JR 9225 NW 63RD COURT PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE: NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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: <i>Cynthia L. Mason</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/28/07 954940-0948 <small>Date Daytime Phone #</small>		