


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000064133		
1. Entity Name NILSEN INTERIOR DESIGN & SPACE PLANNING, INC.		
Principal Place of Business 4753 ACORN CIRCLE SARASOTA, FL 34233 US	Mailing Address 4753 ACORN CIRCLE SARASOTA, FL 34233 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JARRARD, DAVID 4753 ACORN CIRCLE SARASOTA, FL 34233		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 _____ <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, 2006 Fee will be \$550.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NILSEN, BARBARA 4753 ACORN CIRCLE SARASOTA, FL 34233	
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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: <u>Barbara L. Nilsen</u> BARBARA L. NILSEN		Date <u>1-24-06</u> Daytime Phone # <u>941-929-7665</u>



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1040341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/08/06-80019-003 150.00

**DO NOT WRITE
IN THIS SPACE**