# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2007**
**Secretary of State**

DOCUMENT# P00000064133

**Entity Name:** NILSEN INTERIOR DESIGN & SPACE PLANNING, INC.

**Current Principal Place of Business:**

4753 ACORN CIRCLE
SARASOTA, FL 34233 US

**New Principal Place of Business:**

2734 DICK WILSON DRIVE
SARASOTA, FL 34240 US

**Current Mailing Address:**

4753 ACORN CIRCLE
SARASOTA, FL 34233 US

**New Mailing Address:**

2734 DICK WILSON DRIVE
SARASOTA, FL 34240 US

**FEI Number: 65-1040341** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JARRARD, DAVID
4753 ACORN CIRCLE
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

JARRARD, DAVID
2734 DICK WILSON DRIVE
SARASOTA, FL 34240 US

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: 02/06/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: NILSEN, BARBARA
Address: 4753 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: NILSEN, BARBARA
Address: 2734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240 US

Title: D ( ) Change (X) Addition
Name: JARRARD, DAVID
Address: 2734 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA NILSEN D 02/06/2007
Electronic Signature of Signing Officer or Director — Date