2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083190

Entity Name: INTERIORS OF AMERICA, INC.

BOCA RATON, FL 33486

City-St-Zip:

FILED Feb 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	ALMETTO PA	RK ROAD				
SUITE 410 BOCA RA) TON, FL 3348	66				
Current N	lailing Addres	ss:	New Mailing Address:			
1499 W. P	ALMETTO PA	RK ROAD				
SUITE 410 BOCA RA) TON, FL 3348	66				
	: 65-1039885	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SUITE 410	PALMETTO PA					
	e named entity e of Florida.	submits this statement for the p	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Ag			ent	nt Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	P (AOVIDA, EMAI 3180 HARRING BOCA RATON,	STON DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (AOVIDA, MARI 3180 HARRING BOCA RATON,	STON DR.	Title: Name: Address: City-St-Zip:	S AOVIDA, MA 3180 HARRI BOCA RATO		
Title: Name: Address: City-St-Zip:	T (AOVIDA, EMAI 3180 HARRING BOCA RATON,	STON DRIVE	Title: Name: Address: City-St-Zip:		(X) Change () Addition , MAMOUN LMETTO PARK RD., SUITE 410 DN, FL 33486	
Title: Name: Address:	SHEHADEH, M	.) Delete AMOUN IETTO PARK RD., SUITE 410	Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MAMOUN SHEHADEH VP 02/06/2008