2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P00000083190

Entity Name: INTERIORS OF AMERICA, INC.

Current Principal Place of Business:

1499 W. PALMETTO PARK ROAD
SUITE 410
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1499 W. PALMETTO PARK ROAD
SUITE 410
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-1039885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AOVIDA, EMAD
1499 W. PALMETTO PARK ROAD
SUITE 410
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AOVIDA, EMAD
Address: 3180 HARRINGTON DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: S ( ) Delete
Name: AOVIDA, MARLEEN
Address: 3180 HARRINGTON DR.
City-St-Zip: BOCA RATON, FL 33496

Title: VP (X) Delete
Name: SHEHADEH, MAMOUN
Address: 1499 W. PALMETTO PARK RD., SUITE 410
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AOVIDA, AMMAD
Address: 3180 HARRINGTON DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: S (X) Change ( ) Addition
Name: AOVIDA, MARLENE
Address: 3180 HARRINGTON DR.
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: AMMAD AOVIDA P 02/12/2009

Electronic Signature of Signing Officer or Director — Date