


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90002 035 \*\*\*150.00

**DOCUMENT # P01000002854**

1. Entity Name  
**LENNART'S INTERIOR DECORATING, INC.**



Principal Place of Business      Mailing Address  
**5668 WALTHAM WAY**      **5668 WALTHAM WAY**  
**LAKE WORTH, FL 33463**      **LAKE WORTH, FL 33463**

**50025016**



2. Principal Place of Business      3. Mailing Address  
**811 Gentle Breeze Drive**      **811 Gentle Breeze Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

08032006      Chg-P      CR2E034 (11/05)

City & State      City & State  
**Minneola, Florida**      **Minneola, Florida**

4. FEI Number      Applied For  
**65-1065606**      Not Applicable

Zip      Country      Zip      Country  
**34715**      **Lake County**      **34715**      **Lake County**

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANDERSSON, LENNART**  
**5668 WALTHAM WAY**  
**LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent  
 Name **Lennart Andersson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**811 Gentle Breeze Drive**  
 City **Minneola**      **FL**      Zip Code **34715**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSSON, LENNART</b>	
STREET ADDRESS	<b>5068 AMBLER LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33463</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andersson Lennart</b>	
STREET ADDRESS	<b>811 Gentle Breeze Drive</b>	
CITY-ST-ZIP	<b>Minneola FL 34715</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_      **8-7-06**      **561 252 8447**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #