


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000039404</b> 1. Entity Name ALDERMAN INTERIOR DESIGN, INC.	
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Principal Place of Business 11906 CLEARWATER OAKS DRIVE WEST JACKSONVILLE, FL 32223	Mailing Address 11906 CLEARWATER OAKS DRIVE WEST JACKSONVILLE, FL 32223
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**DO NOT WRITE IN THIS SPACE**



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3718777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ALDERMAN, ERIN 11906 CLEARWATER OAKS DRIVE WEST JACKSONVILLE, FL 32223	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDERMAN, ERIN 11906 CLEARWATER OAKS DRIVE WEST JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALDERMAN, ROBERT 11906 CLEARWATER OAKS DRIVE WEST JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CIRIELLO, NADA 815 LA SALLE STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000106243  
U4/U8/U4-BUUU/-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** Erin Alderman 4-10-04 (904) 262-1166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #