


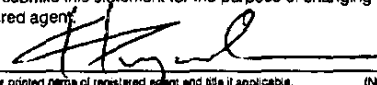
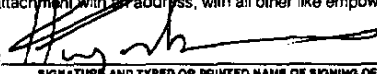
JUN. 9. 2004 10:28AM

Amended
FILED

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04 JUN -9 PH 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071670					
1. Entity Name INTERIOR DESIGN NETWORK, INC.					
Principal Place of Business 900 FIFTH AVENUE SOUTH SUITE 102 NAPLES, FL 34102			Mailing Address 900 FIFTH AVENUE SOUTH SUITE 102 NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3737427	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEHDE, REBECCA 900 FIFTH AVENUE SOUTH SUITE 202 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Fereydoon Pezeshkan Street Address (P.O. Box Number is Not Acceptable) 900 Fifth Avenue South Suite 102 City Naples FL Zip Code 34102	
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:  June 9, 2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEZESHKAN, FEREYDOON 837 FIFTH AVENUE SOUTH #202 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Pezeshkan, Fereydoon 900 Fifth Avenue South, Suite 102 Naples, Florida 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEHDE, REBECCA 900 FIFTH AVENUE SOUTH #102 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'Reilly, Edie 900 Fifth Avenue South, Suite 102 Naples, Florida 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Pezeshkan, Linda 900 Fifth Avenue South, Suite 102 Naples, Florida 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400038206164 06/23/04--01087--005 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Fereydoon Pezeshkan, President		06/ 9/04 239-281-5220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	