


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000116063
 1. Entity Name
 DIVISION NINE INTERIORS, INC.



Principal Place of Business 4450 NW 126 AVE SUITE 105 CORAL SPRINGS, FL 33065 US	Mailing Address 4450 NW 126 AVE SUITE 105 CORAL SPRINGS, FL 33065 US
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01112006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 FISCHER, ROBERT A
 12420 NW 15TH ST
 APT 2-307
 SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FISCHER, ROBERT A 12420 N.W. 15TH STREET, APT. 2-307 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS FROST, CHARLES R 7204 N.W. 39TH MANOR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/25/06-80003-016 150.00

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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: *Robert A. Fischer* Robert A. Fischer 3-12-06 (954) 345-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #