

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000077913

1. Entity Name

INTERIOR TRIM SPECIALIST INC.



**FILED  
Apr 19, 2007 8:00 am  
Secretary of State**

04-19-2007 90415 014 \*\*\*150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business P.O. BOX 8164 VERO BEACH FL 32967		Mailing Address P.O. BOX 8164 VERO BEACH FL 32967	
2. Principal Place of Business - No P.O. Box # <i>7955 92nd Ave</i>		3. Mailing Address <i>7955 92nd Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Vero Beach FL</i>		City & State <i>Vero Beach FL</i>	
Zip <i>32967</i>	Country <i>USA</i>	Zip <i>32967</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  SCHMALZ, TIMOTHY 7955 92ND AVE. VERO BEACH FL 32967		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> Zip Code	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHMALZ, TIMOTHY R P.O. BOX 8164 VERO BEACH FL 32967	<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
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
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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 exemptions contained in Section 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: *Tim Schmalz* Tim Schmalz 2/10/07 772-713-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #