2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P02000125003

Entity Name: LAURA PARSONS CUSTOM INTERIORS INC.

Current Principal Place of Business:

3888 MANNIX DRIVE
SUITE 310
NAPLES, FL 34114

New Principal Place of Business:

1500 FIFTH AVENUE SOUTH
SUITE 111
NAPLES, FL 34102

Current Mailing Address:

3888 MANNIX DRIVE
SUITE 310
NAPLES, FL 34114

New Mailing Address:

1500 FIFTH AVENUE SOUTH
SUITE 111
NAPLES, FL 34102

FEI Number: 57-1142971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, LAURA A
3888 MANNIX DRIVE
SUITE 310
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

PARSONS, LAURA A
1500 FIFTH AVENUE SOUTH
SUITE 111
NAPLES, FL 34102 US

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.

SIGNATURE: LAURA A. PARSONS 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARSONS, LAURA
Address: 9114 CASADA WAY
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARSONS, LAURA A
Address: 9114 CASADA WAY #202
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA PARSONS PRES 04/20/2009
Electronic Signature of Signing Officer or Director Date