2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000134973

1. Entity Name

DD WEST INTERIORS, INC.



FILED Apr 17, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

6230 SHIRLEY STREET

NAPLES, FL 34109

6553 CHESTNUT CIRCLE NAPLES, FL 34109



DO NOT WRITE IN THIS SPACE

03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0590293 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIFREID, DENISE L MEADE 6553 CHESTNUT CIRCLE NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | urpose of changing its registered | d office or r | egistered agent, or bo | oth, in the State of Florida II am familiar with, and accept | |
|---|---|---|-----------------|--------------------------------|--|--|
| SIGNATURE. | | | | | | |
| | Signature, typed or printed name of registered agent and title it | applicable (NOTF, Registered | Agent signature | required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 N Added to F | | \$5.00 May Be Added to Fees | U00000903806 04/30/08-80061-013_150_00 | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SEIFRIED, DENISE L MEADE 6553 CHESTNUT CIRCLE NAPLES, FL 34109 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS | | | | | | |

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 affectment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

ET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08 2 Date 2

39.514-7931

Daytime Prione #