2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/.

FILED
Jun 04, 2004 8:00 am
Secretary of State

05-04-2004 90210 023 ***150.00

DOCUMENT # P03000001559

1. Entity Name
INNTERIORS PURCHASING, INC.

66426616

Principal Place of Business	Mailing Address
~~2901 CURRY FORD ROAD STE~~ 212 ~~ORLANDO, FL 32806~~	~~2901 CURRY FORD ROAD STE~~ 212 ~~ORLANDO, FL 32806~~

01292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
123 S. Clyde Avenue	123 S. Clyde Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number: 16-1649266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~JOHNSON, WADE F JR~~ Thomas M. Johnsen
~~2901 CURRY FORD ROAD STE 212~~
~~ORLANDO, FL 32806~~
123 S. Clyde Ave.
Kissimmee, FL 34741

7. Name and Address of New Registered Agent

Name: Thomas M. Johnsen
Street Address (P.O. Box Number is Not Acceptable): 123 S. Clyde Ave.
City: Kissimmee FL Zip Code: 34741

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] Thomas Johnsen President 4.30.04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	Thomas M. Johnsen President, 1468 Compass Ct., Kissimmee, FL 34744 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4.30.04 407847 2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #