


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

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| DOCUMENT # P03000004633 1. Entity Name VIRTUAL INTERIORS, INC. |  |
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| Principal Place of Business 71 SOUTH DIXIE HWY SUITE 10-B ST. AUGUSTINE, FL 32084 | Mailing Address 71 SOUTH DIXIE HWY SUITE 10-B ST. AUGUSTINE, FL 32084 |
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| DO NOT WRITE IN THIS SPACE |
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02132008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 43-1995809 | Applied For Not Applicable |
| 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 SINDAD, CAROLYN 108 SUMMERHILL CIRCLE ST. AUGUSTINE, FL 32086 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SINDAD, CAROLYN 108 SUMMERHILL CIRCLE ST. AUGUSTINE, FL 32086 |
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| <p>U00000844901 03/13/08-80017-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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:  **2/27/08** **904 826 3993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #