2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State
03-07-2006 90008 023 ***150.00

DOCUMENT # P03000023189

1. Entity Name
E & J INTERIORS, INC.

Principal Place of Business	Mailing Address
3940 E COQUINA WAY WESTON, FL 33332	1492 S. INDEPENDENCE BLVD., #102 VIRGINIA BEACH, VA 23462

02212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1503 ALYDAR CT		1503 ALYDAR CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WAXHAW, NC		City & State: WAXHAW, NC	
Zip: 28173	Country: USA	Zip: 28173	Country: USA

4. FEI Number: 26-0060938 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ERICKA
3940 E. COQUINA WAY
WESTON, FL 33332

7. Name and Address of New Registered Agent

Name: ~~JAY WILLIAMS~~ Ericka WILLIAMS
Street Address (P.O. Box Number is Not Acceptable): 501 S.E. 2ND ST #632
City: FT LAUDERDALE FL Zip Code: 33301

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 (X) Ericka Williams (X) February 27, 2006
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, 2006 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	PT WILLIAMS, ERICKA 3940 E. COQUINA WAY WESTON, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/TREAS/DIRECTOR ERICKA WILLIAMS 1503 ALYDAR CT WAXHAW, NC 28173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: (X) Ericka Williams (X) February 27, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ERICKA WILLIAMS PRESIDENT