


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90006 005 \*\*\*150.00

<b>DOCUMENT # P03000023918</b> 1. Entity Name D F L C INTERIOR DESIGN, INC.	
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Principal Place of Business 6980 SW 16TH COURT N LAUDERDALE, FL 33068	Mailing Address 6980 SW 16TH COURT N LAUDERDALE, FL 33068
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**DO NOT WRITE IN THIS SPACE**

40119030



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0681686	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <i>Metellus</i> PIERRE PROMENE 6980 SW 16TH COURT N LAUDERDALE, FL 33068
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**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERRE PROMENE <i>Metellus</i> 6980 SW 16TH COURT N LAUDERDALE, FL 33068
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IN THIS SPACE**

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.		
<b>SIGNATURE:</b> <i>Promene Metellus</i>	04/27/07	9541984-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #