

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000059307</b> 1. Entity Name R & R HOME INTERIORS, INC.	
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**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business 15302 NW 3RD ST PEMBROKE PINES, FL 33028 US	Mailing Address 15302 NW 3RD ST PEMBROKE PINES, FL 33028 US
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06292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0948291	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

THOMSON, ROLLINDA  
 15302 NW 3RD ST  
 PEMBROKE PINES, FL 33028

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: *R.L. Thomson* DATE: 9/1/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAYE

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMSON, ROLLINDA 15302 NW 3RD ST PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000959810  
09/15/08-80007-015 150.00

U00000959810  
09/15/08-80007-016 8.75

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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.

SIGNATURE: *R.L. Thomson* Rollinda L. Thomson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #