2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2006 08:00 AM **DOCUMENT # P03000067735 Secretary of State** 1. Entity Name BONNIE WILKINS INTERIORS, INC. Principal Place of Business Mailing Address 403 OLD JUPITER BEACH ROAD 403 OLD JUPITER BEACH ROAD JUPITER, FL 33477 JUPITER, FL 33477 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3683297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILKINS, BONNIE DO NOT WRITE 403 OLD JUPITER BEACH ROAD JUPITER, FL 33477 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) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WILKINS, BONNIE 403 OLD JUPITER BEACH ROAD STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 TITLE U00000399753 02/01/06-80025-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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.

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TITLE
NAME
STREET ADDRESS
CITY:-ST-ZIP

Bonnie lubinis

DATE: 1-19-06 DAYTIME: 561.222.4800 PHONE!

FILED