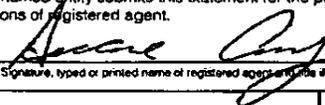
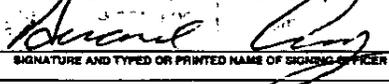


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-08-2004 90014 043 ***150.00

DOCUMENT # P03000085820					
1. Entity Name AMY INTERIORS OF FLORIDA, INC.					
Principal Place of Business 1275 BENNETT DR STE 120 LONGWOOD, FL 32750			Mailing Address 1275 BENNETT DR STE 120 LONGWOOD, FL 32750		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-0851617	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMY, DUANE 640 SAMANTHA LN LAKE MARY, FL 32746			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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: 3-16-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMY, DUANE		NAME		
STREET ADDRESS	640 SAMANTHA LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMY, DUANE		NAME		
STREET ADDRESS	640 SAMANTHA LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMY, LINDA		NAME		
STREET ADDRESS	640 SAMANTHA LN		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	OS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EGLOFF, ANNE		NAME		
STREET ADDRESS	206 OAKLEY CT		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZANFARDINO, PAT		NAME		
STREET ADDRESS	2028 PALM VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	DM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZANFARDINO, JOANNE		NAME		
STREET ADDRESS	2028 PALM VIEW DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE: 3-16-04		DAYTIME PHONE: 907 974 7089	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	