

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085820

FILED
Apr 16, 2007
Secretary of State

Entity Name: AMY INTERIORS OF FLORIDA, INC.

Current Principal Place of Business:

1275 BENNETT DR STE 120
LONGWOOD, FL 32750

New Principal Place of Business:

1225 BENNETT DR STE 105
LONGWOOD, FL 32750

Current Mailing Address:

1275 BENNETT DR STE 120
LONGWOOD, FL 32750

New Mailing Address:

1225 BENNETT DR STE 105
LONGWOOD, FL 32750

FEI Number: 55-0851617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMY, DUANE
640 SAMANTHA LN
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: AMY, DUANE
Address: 640 SAMANTHA LN
City-St-Zip: LAKE MARY, FL 32746

Title: CEO () Delete
Name: AMY, DUANE
Address: 640 SAMANTHA LN
City-St-Zip: LAKE MARY, FL 32746

Title: DV () Delete
Name: AMY, LINDA
Address: 640 SAMANTHA LN
City-St-Zip: LAKE MARY, FL 32746

Title: DT () Delete
Name: ZANFARDINO, PAT
Address: 2028 PALM VIEW DR
City-St-Zip: APOPKA, FL 32712

Title: DM () Delete
Name: ZANFARDINO, JOANNE
Address: 2028 PALM VIEW DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE AMY

CEO

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date