
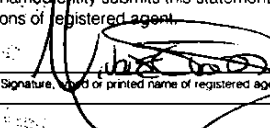
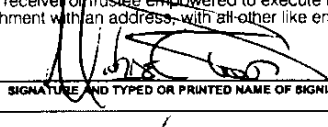


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90014 009 \*\*\*150.00

<b>DOCUMENT # P03000092603</b> 1. Entity Name <b>INTERIOR INSTALLATIONS, INC.</b>			
Principal Place of Business <b>23605 73RD AVE E MYAKKA CITY, FL 34251 US</b>		Mailing Address <b>23605 73RD AVE E MYAKKA CITY, FL 34251 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7206 237<sup>th</sup> ST. E.</b>		3. Mailing Address <b>7206 237<sup>th</sup> ST. E.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MYAKKA CITY FL</b>		City & State <b>MYAKKA CITY FL</b>	
Zip <b>34251</b>		Zip <b>34251</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>20-0176970</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TOWNS, MICHAEL W 23550 73RD AVE E MYAKKA CITY, FL 34251</b>		7. Name and Address of New Registered Agent Name <b>TOWNS, MICHAEL W</b> Street Address (P.O. Box Number is Not Acceptable) <b>23605 73<sup>rd</sup> AV. E.</b> City <b>MYAKKA CITY FL</b> Zip Code <b>34251</b>	
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 		<b>MICHAEL TOWNS</b> <b>1/25/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P, T</b>	NAME <b>TOWNS, MICHAEL W</b>	TITLE <b>P, T</b>	NAME <b>TOWNS, MICHAEL W</b>
STREET ADDRESS <b>23550 73RD AVE E</b>	CITY-ST-ZIP <b>MYAKKA CITY, FL 34251</b>	STREET ADDRESS <b>23605 73<sup>rd</sup> AV. E</b>	CITY-ST-ZIP <b>MYAKKA CITY, FL 34251</b>
TITLE <b>VP S</b>	NAME <b>TOWNS, TERESA M</b>	TITLE <b>VP, S</b>	NAME <b>TOWNS, TERESA M</b>
STREET ADDRESS <b>23550 73RD AVE E</b>	CITY-ST-ZIP <b>MYAKKA CITY, FL 34251</b>	STREET ADDRESS <b>23605 73<sup>rd</sup> AV. E</b>	CITY-ST-ZIP <b>MYAKKA CITY, FL 34251</b>
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	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.			
SIGNATURE: 		<b>MICHAEL TOWNS</b> <b>1/25/08</b> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	