
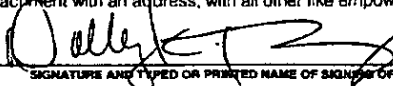


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 24, 2004 8:00 am
Secretary of State

8/30

08-30-2004 90007 036 ***150.00

DOCUMENT # P03000103701 1. Entity Name DKAY INTERIORS, INC.					
Principal Place of Business 3837 NORTHDAL BLVD SUITE 124 TAMPA FL 33624			Mailing Address 3837 NORTHDAL BLVD SUITE 124 TAMPA FL 33624		
2. Principal Place of Business 1925 FLORESTA VIEW DR.		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TAMPA FL.		City & State 		4. FEI Number 20-0245549	
Zip 33618		Country HILLSBORO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'LEARY, D. MICHAEL 101 E KENNEDY BLVD SUITE 2700 TAMPA-FL-33602			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 _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State.			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
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 NAME STREET ADDRESS CITY-ST-ZIP	D RINEY, TERRY L 3837 NORTHDAL BLVD SUITE 124 TAMPA FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINEY, DOLLY K 3837 NORTHDAL BLVD SUITE 124 TAMPA FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR					