2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 15, 2005
Secretary of State

DOCUMENT# P03000121217

Entity Name: BRUCE BUGDAL CUSTOM INTERIORS, INC.

Current Principal Place of Business:

1117 NW 35TH AVE.
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1117 NW 35TH AVE.
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 20-0405359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUGDAL, MONA
1117 NW 35TH AVE.
GAINESVILLE, FL 32609 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BUGDAL, BRUCE
Address: 1117 NW 35TH AVE.
City-St-Zip: GAINESVILLE, FL 32609

Title: V ( ) Delete
Name: BUGDAL, MONA
Address: 1117 NW 35TH AVE.
City-St-Zip: GAINESVILLE, FL 32609

Title: T ( ) Delete
Name: BUGDAL, BRUCE
Address: 1117 NW 35TH AVE.
City-St-Zip: GAINESVILLE, FL 32609

Title: S ( ) Delete
Name: BUGDAL, MONA
Address: 1117 NW 35TH AVE.
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: BUGDAL, KYLE
Address: 1117 NW 35TH AVE.
City-St-Zip: GAINESVILLE, FL 32609

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 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 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: MONA BUGDAL S 06/15/2005

Electronic Signature of Signing Officer or Director — Date