

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000124898

1. Entity Name
INTERIORS BY JANET M. RUFFOLO, INC.



Principal Place of Business

2831 NE 20TH AVENUE
LIGHTHOUSE POINT, FL 33064

Mailing Address

2831 NE 20TH AVENUE
LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business

Suite, Apt. #, etc.
1819 NE 24 Street
City & State
Lighthouse Point FL
Zip 33064 Country US

3. Mailing Address

Suite, Apt. #, etc.
1819 NE 24 Street
City & State
Lighthouse Point FL
Zip 33064 Country US

6. Name and Address of Current Registered Agent

RUFFOLO-KAMINSKI, JANET
2831 NE 20TH AVENUE
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
Name *Interiors By Janet M Ruffolo*
Street Address (P.O. Box Number is Not Acceptable)
1819 NE 24 Street
City LHP FL Zip Code 33064

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 *Janet M Ruffolo*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/13/06*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$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	PTS RUFFOLO-KAMINSKI, JANET 2831 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PTS Interiors By Janet M Ruffolo 1819 NE 24 ST LHP FL 33064</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: *Janet M Ruffolo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06 305-595-7762
Daytime Phone #