

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90179 037 \*\*\*150.00

<b>DOCUMENT # P04000013098</b> 1. Entity Name <b>AFFORDABLE INTERIORS, INC.</b>			
Principal Place of Business <b>4106 LONGHORN DR. SARASOTA FL 34233</b>		Mailing Address <b>4106 LONGHORN DR. SARASOTA FL 34233</b>	
2. Principal Place of Business <b>2610 Webber Pl</b>		3. Mailing Address <b>2610 Webber Pl</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>	
Zip <b>34232</b>		Zip <b>34232</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>04-37821638</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LINDA, MASON 4428 SANIBEL WAY BRADENTON FL 34207</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when existing)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>HITE, FREDRICK</b> STREET ADDRESS <b>4106 LONGHORN DR.</b> CITY-ST-ZIP <b>SARASOTA FL 34233</b>	<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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____ Daytime Phone # _____			