2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P04000038342

Entity Name: HENLEY INTERIORS INC.

Current Principal Place of Business:

5495 NEWTON RD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

5495 NEWTON RD
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 48-1281073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENLEY, JAMES
5495 NEWTON RD
MIDDLEBURG, FL 32068 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: HENLEY, JAMES
Address: 5495 NEWTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: HENLEY, JAMES
Address: 5495 NEWTON RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: OWENS, BRYAN
Address: 2045 CRESTVIEW DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: HENLEY, SUSAN
Address: 5495 NEWTON RD.
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Change (X) Addition
Name: HINGSON, MICHAEL
Address: 4626 ALLIGATOR BLVD
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES M. HENLEY PVTS 04/28/2007

Electronic Signature of Signing Officer or Director Date