

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000038342

**FILED**  
**Oct 13, 2008**  
**Secretary of State****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

**OFFICERS AND DIRECTORS:**

Title: P VTS ( ) 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: HENLEY, SUSAN  
Address: 5495 NEWTON RD  
City-St-Zip: MIDDLEBURG, FL 32068

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: GUARINO, JOHN D JR  
Address: 2226 EAGLES HAMMOCK BLVD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D (X) Change ( ) Addition  
Name: LORETTE, ZACHARY R  
Address: 5333 CARTER SPENCER RD  
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 HENLEY

P

10/13/2008

Electronic Signature of Signing Officer or Director

Date