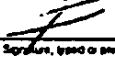


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

02-16-2005 90049 030 ***150.00

DOCUMENT # P04000051833			
1. Entity Name FREDRIC'S INTERIORS, INC.			
Principal Place of Business 6384 13 RD S W PALM BEACH FL 33415		Mailing Address 6384 13 RD S W PALM BEACH FL 33415	
2. Principal Place of Business 9243 Nugent Trail Suite, Apt. #, etc.		3. Mailing Address 9243 Nugent Trail Suite, Apt. #, etc.	
City & State WPB, FL		City & State WPB, FL	
Zip 33411	Country	Zip 33411	Country
4. FEI Number 90-0155553		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIPMAN, FREDERICK D 6384 13 RD S W PALM BEACH FL 33415		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	ED Frederick D. Shipman 9243 Nugent Trail WPB, FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		Date Daytime Phone #	
Signature and typed or printed name of signing officer or director			