2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061721

FILED Feb 03, 2009 Secretary of State

Entity Name: MAJESTIC CUSTOM INTERIORS INC. **Current Principal Place of Business: New Principal Place of Business:** 18550 NE 24 AVE CITRA, FL 32113 **Current Mailing Address: New Mailing Address:** 18550 NE 24 AVE CITRA, FL 32113 FEI Number: 03-0540866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, SHAWN ALL FLORIDA FIRM INC 18550 NÉ 24 AVE 813 DELTONA BLVD STE A CITRA, FL 32113 US BOX 1385590 DELTONA, FL 32725 US 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: TAYLOR, SHAWN 02/03/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TAYLOR, SHAWN Name: Name: 18550 NE 24 AVE Address: Address: City-St-Zip: CITRA, FL 32113 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: TAYLOR, YVETTE Name: 18550 NE 24 AVE Address: Address: CITRA, FL 32113 City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: TAYLOR, SHAWN 02/03/2009