

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085881

FILED
Apr 30, 2006
Secretary of State

Entity Name: PALAZZO NOBILIARE INTERIORS, INC.

Current Principal Place of Business:

390 NORTH ORANGE AVENUE
SUITE 2100
ORLANDO, FL 32801 US

New Principal Place of Business:

3391 LAKEVIEW OAKS DRIVE
LONGWOOD, FL 32779 US

Current Mailing Address:

390 NORTH ORANGE AVENUE
SUITE 2100
ORLANDO, FL 32801 US

New Mailing Address:

3391 LAKEVIEW OAKS DRIVE
LONGWOOD, FL 32779 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, JAMES C
390 N ORANGE AVENUE
SUITE 2100
ORLANDO, FL 32801 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: PTD () Delete
Name: MASON, SHIRLEY
Address: 3391 LAKEVIEW OAKS DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VPSD () Delete
Name: HEISTAND, SHELLEY
Address: 390 NORTH ORANGE AVENUE SUITE 2100
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY MASON

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date