


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Aug 23, 2005 8:00 am
Secretary of State

08-08-2005 90044 019 ***150.00

DOCUMENT # P04000085918 1. Entity Name X-TERIOR DESIGNS INC.					
Principal Place of Business 408 BRITTANY CIRCLE CASSELBERRY FL 32707		Mailing Address 408 BRITTANY CIRCLE CASSELBERRY FL 32707			
2. Principal Place of Business 722 Arnold St <small>Suite, Apt. #, etc.</small>		3. Mailing Address 722 Arnold St <small>Suite, Apt. #, etc.</small>			
City & State Altamonte Springs FL <small>Zip Country</small> 32701 Sem		City & State Altamonte Springs FL <small>Zip Country</small> 32701 Sem		4. FEI Number 47-0959734 2nd MOORE CR2E034 (5/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DUDLEY, JAMES L 408 BRITTANY CIRCLE CASSELBERRY FL 32707			7. Name and Address of New Registered Agent Name James L Dudley Street Address (P.O. Box Number is Not Acceptable) 722 Arnold St City Altamonte Springs FL Zip Code 32701		
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 <u><i>James L Dudley</i></u> DATE <u>7-30-05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DUDLEY, JAMES L 408 BRITTANY CIRCLE CASSELBERRY FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>James L Dudley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					