


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000088505 1. Entity Name D2 INTERIORS INC.	
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Principal Place of Business 3820 OCEAN BEACH BLVD. SUITE 211 COCOA BEACH, FL 32931 US	Mailing Address 3820 OCEAN BEACH BLVD. SUITE 211 COCOA BEACH, FL 32931 US
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STANLEY, DALE 3820 OCEAN BEACH BLVD. SUITE 211 COCOA BEACH, FL 32931
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reissuing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000403331 02/06/06-80002-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STANLEY, DEBORAH 3820 OCEAN BEACH BLVD., SUITE 211 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STANLEY, DALE 3820 OCEAN BEACH BLVD., SUITE 211 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC STANLEY, DALE 3820 OCEAN BEACH BLVD., SUITE 211 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRE STANLEY, DEBORAH 3820 OCEAN BEACH BLVD., SUITE 211 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Deborah R Stanley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-24-06 <small>Date</small>	4074963232 <small>Daytime Phone #</small>
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