

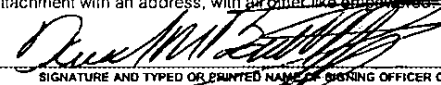


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 008 ***150.00

DOCUMENT # P04000101454					
1. Entity Name DMB INTERIORS, INC.					
Principal Place of Business 2629 HEALY DR ORLANDO, FL 32818			Mailing Address 2629 HEALY DR ORLANDO, FL 32818		
2. Principal Place of Business - No P.O. Box # 1250 GRAN PASEO DR		3. Mailing Address 1250 GRAN PASEO DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008 Chg-P CR2E034 (12/06)	
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 32-0121903	
Zip 32825		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City ORLANDO		Zip 32825		Country ORANGE	
6. Name and Address of Current Registered Agent BAUBLITZ, DAVID 2629 HEALY DR ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name BAUBLITZ, DAVID Street Address (P.O. Box Number is Not Acceptable) 1250 GRAN PASEO DR City ORLANDO FL Zip Code 32825		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BAUBLITZ, DAVID 1037 JIB DR #103 ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 1250 GRAN PASEO DR. ORLANDO FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUBLITZ, DAVID 2629 HEALY DR ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete		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 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: 			DAVID BAUBLITZ 4-25-08 (321)239-6946		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		