



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000126912		
1. Entity Name COMMERCIAL INTERIOR SPECIALISTS, INC.		
Principal Place of Business 6830 KIMBERLY BLVD N LAUDERDALE, FL 33068		Mailing Address 6830 KIMBERLY BLVD N LAUDERDALE, FL 33068
DO NOT WRITE IN THIS SPACE		
		
04112006 No Chg-P CR2E034 (11/05)		
4. FEI Number 55-0880563		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DUNFORD, STANLEY E 6830 KIMBERLY BLVD N LAUDERDALE, FL 33068		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNFORD, STANLEY E 6830 KIMBERLY BLVD N LAUDERDALE, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, WALTER N 6911 SCOTT ST HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: STANLEY E. DUNFORD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		954 821349 <small>Daytime Phone #</small>