2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 24, 2007 08:00 A DOCUMENT # P04000147341 **Secretary of State** 1. Entity Name PAUL LAGRANDEUR'S INTERIOR SERVICES, INC. Principal Place of Business Mailing Address 2808 CYRUS AVENUE 2808 CYRUS AVENUE NORTHPORT, FL 34288 NORTHPORT, FL 34288 01212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4288268 Not Applicable \$8.75 Additional 5. Cartificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rejustating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** U00000601418 01/26/07-80049-005 150.00 LAGRANDEUR, PAUL NAME STREET ADDRESS 2808 CYRUS AVENUE CITY-ST-ZIP NORTHPORT, FL 34288 MLE MAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP

12. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-70 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

941 650-5146

IN THIS SPACE