2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166680

Entity Name: CATHEDINE DOSE INTEDIO

MAHONEY, CATHERINE

1975 E SUNRISE BLVD, SUITE 721

FORT LAUDERDALE, FL 33304 US

Name:

Address:

City-St-Zip:

FILED Jan 04, 2007 Secretary of State

Entity Name: CATHERINE ROSE INTERIORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1975 E SUNRISE BLVD SUITE 721 FORT LAUDERDALE, FL 33304 US **New Mailing Address: Current Mailing Address:** 1975 E SUNRISE BLVD SUITE 721 FORT LAUDERDALE, FL 33304 US FEI Number: 20-1991721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNALL & CADOGAN, P.L. SCHNALL & CADOGAN, P.L. 101 NE THIRD AVE. 101 NE THIRD AVE. **SUITE 1500** SUITE 1120 FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 US 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. SIGNATURE: 01/04/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MAHONEY, CATHERINE Name: Name: 1975 E SUNRISE BLVD, STE 721 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MAHONEY, CATHERINE Name: 1975 E SUNRISE BLVD, STE 721 Address: Address: FORT LAUDERDALE, FL 33304 US City-St-Zip: City-St-Zip: () Delete Title: Title: SEC () Change () Addition MAHONEY, CATHERINE Name: Name: 1975 E SUNRISE BLVD. SUITE 721 Address: Address: FORT LAUDERDALE, FL 33304 US City-St-Zip: City-St-Zip: Title: TRES () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CATHERINE MAHONEY PRES 01/04/2007