## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 08:00 AN Secretary of State

							Secretary of Sta			
DOCUMENT # P0500000470  1. Entity Name INNOVATIVE INTERIORS OF VOLUSIA, INC								Secreta	ary of Sta	
INNOVAT		URS OF VOLUSI	A, INC							
Principal Place			Mailing Address 1710 PINE AVENUE							
PORT ORANG	E, FL 32127	US	DELAND, FL 32724	US						
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						04212008	No Chg-P	CR2E034 (		
D	O NO	WRITE	IN THIS S	PA	CE	4. FEI Number			Applied For	
						20-227			Not Applicable 75 Additional	
	6. Name and	Address of Current Re	Istered Agent			5. Certificate	of Status Desired		Required	
MUSTEAR	, NICHOLAS		Brand or Warre							
1710 PINE DELAND, I	AVENUE						NOT W	/KIIE		
D_D ((10), 1	C OLIL					IN	rhis si	PACE		
8 The above	named entity sul	omits this statement for th	e purpose of changing its	etziner s	red office or register	red agent or bo	th, in the State of F	forda Lam famil	ar with and accept	
	ions of registered		e purpose or changing its	, rogisto	100 Office of Taglister	ed agoni, or bo	ar, in the state of t	ionas. Tamiana	a. Will, and doop!	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00						.00 May Be led to Fees	U00000935267 05/23/08-80064-024 150.00			
10.		OFFICERS AND DIF	RECTORS		4144	di Mica				
TATLE NAME	P MILSTEAD, N	IICHOLAS								
STREET ADDRESS CITY-ST-ZIP	1710 PINE A' DELAND, FL									
TITLE NAME										
STREET ADDRESS CITY-ST-ZIP										
TITLE										
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CITY-ST-ZIP							NOT V THIS S	AKLIE		
NAME						1	THIS S	PACE		
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TITLE NAME										
STREET ADDRESS									44.44	
CITY-ST-ZIP			<u> </u>					erthauffi ye. Ferdina		

12. I hereby certify that the information supplied with this filted does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filted does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with that I am an officer or director of the corporation or the receiver of trustee embowered 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:

NAME STREET ADDRESS CITY - ST - ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08

386-383-6436