2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P05000002913 1. Entity Name INTERIORS MASTER HOME, INC.									04-17-2006	90393	042 ***15	50.00	
Principal Place of Business Mailing Address									U.V.				
1570 WEST 38TH PLACE #13 HIALEAH, FL 33012				1570 WEST 38TH PLACE #13 HIALEAH, FL 33012				I (SAI(SAI III A			***(** 3=1=1 11=== 411		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03262006	Chg-P	CR2E	034 (11/05)		
City & State				City & State				4. FEI Number	111127		─	plied For	
Zip Country				Zip	Coun	Country		5. Certificate of	-/6//32 1 Status Desired	<u> </u>	\$8.75 Add	t Applicable litional	
E. Name and Address of Current				tered Agent		T	7. Name and Address of New Registered			Fee Require	d		
6. Name and Address of Current Registered Agent						Name		7. Italia and 7	Addiess Of Rew IV	agisterau	Agent		
REYES, ELISEO B						Street Adv	Street Address (P.O. Box Number is Not Acceptable)						
1570 WEST 38TH PLACE #13 HIALEAH, FL 33012						Sileet Add	uless (i	O. DOX INDITION	15 NOT ACCEPTABLE	· <i>·</i>			
,													
						City	FL Zip Code						
			nt for the p	ourpose of changing its	register	ed office or r	egister	ed agent, or both	, in the State of Flo	rida. Lan	familiar with,	and accept	
the obligat	ions of regis	tered agent.											
SIGNATURE_	S:	for printed name of registered :			F. B!			h		D. T.			
	Signature, typed	or printed name of registered i	agent and title	if applicable. (NUTE	:: Hegistere	d Agent signature	e required	when reinstating}		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.				9. Election Campai Trust Fund Conti				00 May Be ed to Fees					
10.	OFFICERS AND			CTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT				S IN 11	
TITLE	DPST	EL 1950 B		Delete	TITLI	1					☐ Change	☐ Addition	
STREET ADDRESS	REYES, ELISEO B 1570 WEST 38TH PLACE #13					EET ADDRESS							
CITY-ST-ZIP	HIALEAH	, FL 33012			CITY	-ST-ZIP							
TITLE				☐ Delete	TITU	E		<u> </u>			Change	☐ Addition	
NAME STREET ADDRESS					NAM								
CITY-ST-ZIP						EET ADDRESS '-ST-ZIP							
TITLE				☐ Delete	m	Ε					Change	☐ Addition	
NAME					NAM	NE B							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS							
TITLE			•	☐ Delete	TITL	'-ST-ZIP					☐ Change	Addition	
NAME				L Delete	NAM						☐ Change	☐ Munition	
STREET ADDRESS						EET AODRESS							
CITY-ST-ZIP					_	'-ST-ZIP							
TITLE NAME	1			Delete	TITL NAM						Change	Addition	
STREET ADDRESS						eet address							

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 charged, or on an attachment with an address, withful other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

/4-11-04 Date

Daytime Phone #

Change

Addition