


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 10, 2007 08:00 A
Secretary of State

DOCUMENT # P05000014494 *
 1. Entity Name
 ELIZABETH LINDHOLM INTERIORS, INC.



Principal Place of Business 2804 CASA WAY DELRAY BEACH, FL 33445	Mailing Address 2804 CASA WAY DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



08062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2237326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDHOLM, ELIZABETH
 2804 CASA WAY
 DELRAY BEACH, FL 33445

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDHOLM, ELIZABETH 2804 CASA WAY DELRAY BEACH, FL 33445
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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: *Elizabeth Lindholm* 8/6/07 561-573-5277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #