2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 AM **DOCUMENT # P05000023650 Secretary of State** PEACOCK INTERIORS, INC. Principal Place of Business Mailing Address 2 JUNGLE HUT RD SUITE 1 2 JUNGLE HUT RD SUITE 1 PALM COAST, FL 32137 PALM COAST, FL 32137 No Cha-P CR2E034 (11/05) 03282007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2905653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONNER, MARNA L DO NOT WRITE 2 JUNGLE HUT RD SUITE 1 PALM COAST, FL 32137 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when renetating) U00000685054 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 04/06/07-80056-025 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CONNER, MARNA L NAME STREET ADDRESS 2 JUNGLE HUT RD SUITE 1 CITY-ST-ZIP PALM COAST, FL 32137 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-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 an Address with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

161 3.74.01

FILED