

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073473

FILED
Jan 18, 2009
Secretary of State

Entity Name: DISTINCTIVE INTERIOR DESIGN BY SUZY, INC.

Current Principal Place of Business:

72 RYANN NICOLE CT
WINTER HAVEN, FL 33884

New Principal Place of Business:

400 EL CAMINO DR
#216
WINTER HAVEN, FL 33884

Current Mailing Address:

72 RYANN NICOLE CT
WINTER HAVEN, FL 33884

New Mailing Address:

400 EL CAMINO DR
#216
WINTER HAVEN, FL 33884

FEI Number: 20-2897899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTHOFF, SUZANNE M
72 RYANN NICOLE CT
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

OSTHOFF, SUZANNE M
400 EL CAMINO DR
#216
WINTER HAVEN, FL 33884 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: SUZANNE OSTHOFF

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSTHOFF, SUZANNE
Address: 72 RYANN NICOLE CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: OSTHOFF, SUZANNE
Address: 72 RYANN NICOLE CT
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OSTHOFF, SUZANNE
Address: 400 EL CAMINO DR #216
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: OSTHOFF, SUZANNE
Address: 400 EL CAMINO DR #216
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SUZANNE OSTHOFF

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date