

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000009992
 1. Entity Name
 KIERNAN MACKENZIE INTERIORS, INC.



Principal Place of Business Mailing Address
 6541 TIMBER LANE 6541 TIMBER LANE
 BOCA RATON, FL 33433 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0367997	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GILLESPIE, R. BOWEN
 1515 SOUTH FEDERAL HWY., SUITE 306
 BOCA RATON, FL 33432

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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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, KATHRYN L 6541 TIMBER LANE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLESPIE, R. BOWEN 6541 TIMBER LANE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/08-80023-019 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-24-08** Daytime Phone #: **561-368-5158**

R. BOWEN GILLESPIE