


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90157 023 \*\*\*150.00

DOCUMENT # P06000051212		
1. Entity Name JEANNE GIANFAGNA INTERIORS, INC.		

Principal Place of Business 606 LUCERNE AVENUE LAKE WORTH, FL 33460 US	Mailing Address 606 LUCERNE AVENUE LAKE WORTH, FL 33460 US
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2. Principal Place of Business - No P.O. Box # 604 Lucerne Ave	3. Mailing Address 604 Lucerne Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.




City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33460	Zip 33460
Country Palm Beach	Country Palm Beach

04102007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GIANFAGNA, JEANNE 606 LUCERNE AVENUE LAKE WORTH, FL 33460	
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4. PEL Number 20-4669578	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name: Jeanne Gianfagna Street Address (P.O. Box Number is Not Acceptable): 604 Lucerne Ave City: Lake Worth FL Zip: 33460	
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 obligation of registered agent.	
SIGNATURE: 	DATE: 4/14/07

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D GIANFAGNA, JEANNE 606 LUCERNE AVENUE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D GIANFAGNA, JOHN 606 LUCERNE AVENUE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIANFAGNA, JEANNE 606 LUCERNE AVENUE LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIANFAGNA, JOHN 606 LUCERNE AVENUE LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D Gianfagna, Jeanne 604 Lucerne Ave Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Gianfagna, John 604 Lucerne Ave Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 4/14/07	DAYTIME PHONE: 561-588-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEANNE GIANFAGNA		