

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90076 022 ***158.75

DOCUMENT # P06000068217					
1. Entity Name CANNOVA INTERIORS, INC.					
Principal Place of Business 5822 LA GORCE CIRCLE LAKE WORTH, FL 33465			Mailing Address 5822 LA GORCE CIRCLE LAKE WORTH, FL 33465		
2. Principal Place of Business - No P.O. Box # 202 E OCEAN AVENUE		3. Mailing Address 5822 LA GORCE CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LANTANA, FL		City & State LAKE WORTH, FL		4. FEI Number 20-4884020	
Zip 33462		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANNOVA, CYNTHIA 5822 LA GORCE CIRCLE LAKE WORTH, FL 33465		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CANNOVA, CYNTHIA STREET ADDRESS 5822 LA GORCE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33465	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CANNOVA, WILLIAM STREET ADDRESS 5822 LA GORCE CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33465	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>WILLIAM CANNOVA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-6-07 <small>Date</small>		954-444-9991 <small>Daytime Phone #</small>