


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90458 031 ***150.00

DOCUMENT # P06000101539	
1. Entity Name INTERIOR PLASTER DESIGN, INC.	

Principal Place of Business 12404 N. OREGON AVENUE TAMPA, FL 33618 US	Mailing Address 12404 N. OREGON AVENUE TAMPA, FL 33618 US
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2. Principal Place of Business - No P.O. Box # 3401 N. Lakeview drive	3. Mailing Address 3401 N. Lakeview drive
Suite, Apt. #, etc. Apt. # 1106	Suite, Apt. #, etc. Apt. # 1106
City & State Tampa, FL	City & State Tampa, FL
Zip 33618	Country USA

40031347

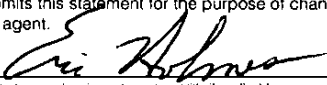


04242007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5320151	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLMES, ERIC W 12404 N. OREGON AVENUE TAMPA, FL 33618	7. Name and Address of New Registered Agent Name Holmes, Eric W. Street Address (P.O. Box Number is Not Acceptable) 3401 N. Lakeview drive Apt. 1106 City Tampa, FL Zip Code 33618
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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 4/27/07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMES, ERIC W 12404 N. OREGON AVENUE TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP Holmes, Eric W. 3401 N. Lakeview drive Apt. 1106 Tampa, FL 33618 <input checked="" 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
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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.	
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SIGNATURE:  Eric Holmes	DATE 4/26/07 (813) 365-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #