2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104099

FILED Jul 09, 2007 Secretary of State

Entity Name: LEEZAMORGAN INTERIORS AND HOME FURNISHINGS, INC.

Current Principal Place of Business: New Principal Place of Business: 375 EAST HWY 50 CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 375 EAST HWY 50 705 E WASHINGTON AVE CLERMONT, FL 34711 EUSTIS, FL 32726 FEI Number: 45-8013710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE ORLANDO TAX ROOM, INC. 107 S. HAMLIN CT LONGWOOD, FL 32750 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LEE, EMILY A Name: Name: LEE, EMILY A 705 E. WASHINGTON AVE 705 E. WASHINGTON AVE Address: Address: City-St-Zip: EUSTIS, FL 32750 City-St-Zip: EUSTIS, FL 32726 VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: BUCKNER, DON M Name: RICHARD, LEE T 27137 S. HWY 33 705 E WASHINGTON AVE Address: Address: OKAHUMPKA, FL 34762 City-St-Zip: City-St-Zip: EUSTIS, FL 32726 Title: (X) Change () Addition Title: () Delete BROWN, STEVEN T BUCKNER, DON M Name: Name: PO BOX 490147 27137 S. HWY 33 Address: Address: City-St-Zip: LEESBURG, FL 34749 City-St-Zip: OKAHUMPKA, FL 34749 Title: () Delete Title: () Change (X) Addition IRVING, MATTHEWS J Name: Name: Address: Address: 2823 S ATLANTIC AVE City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32118 Title: Title: () Change (X) Addition () Delete Name: Name: WILLIAM, LINDEMANN T Address: Address: 731 E 50 HWY City-St-Zip: City-St-Zip: CLERMONT, FL 34711

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:	EMILY A LEE	P	07/09/2007