

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147531

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: EVERYDAY ELEGANCE INTERIORS INC.

## Current Principal Place of Business:

4170 TRADEWINDS DR  
JACKSONVILLE BEACH, FL 32250 US

## New Principal Place of Business:

## Current Mailing Address:

4170 TRADEWINDS DR  
JACKSONVILLE BEACH, FL 32250 US

## New Mailing Address:

FEI Number: 30-0392684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, BETH  
4170 TRADEWINDS DR  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

LEWIS, BETH A  
4170 TRADEWINDS DR  
JACKSONVILLE BEACH, FL 32250 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: BETH A. LEWIS

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: LEWIS, BETH  
Address: 4170 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: T/S ( ) Delete  
Name: LEWIS, BETH  
Address: 4170 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP/D ( ) Delete  
Name: LEWIS, BETH  
Address: 4170 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: LEWIS, BETH A  
Address: 4170 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: T/S (X) Change ( ) Addition  
Name: LEWIS, BETH A  
Address: 4170 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP/D (X) Change ( ) Addition  
Name: LEWIS, CECIL O  
Address: 4170 TRADEWINDS DR  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BETH A LEWIS

P/D

04/12/2007

Electronic Signature of Signing Officer or Director

Date