

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083094

FILED  
Jul 05, 2008  
Secretary of State

Entity Name: UP STAGED INTERIORS OF BREVARD, INC.

**Current Principal Place of Business:**

821 HERON ROAD  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

821 HERON ROAD  
COCOA, FL 32926

**New Mailing Address:**

1790 ROCK WOOD CIRCLE  
APT. 209  
ROCKLEDGE, FL 32955

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WISNIEWSKI, AMANDA  
821 HERON ROAD  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

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:**

Title: PST ( ) Delete  
Name: WISNIEWSKI, AMANDA  
Address: 821 HERON ROAD  
City-St-Zip: COCOA, FL 32926

Title: VP ( ) Delete  
Name: WISNIEWSKI, WILLIAM  
Address: 821 HERON ROAD  
City-St-Zip: COCOA, FL 32926

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FEY, LANE  
Address: 342 BURNEY BRANCH CIRCLE  
City-St-Zip: BLACKSHEAR, GA 31516

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: AMANDA WISNIEWSKI

PST

07/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date