
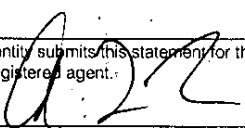
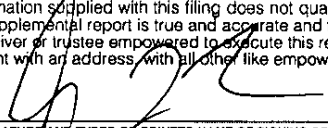


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90143 043 ***150.00

DOCUMENT # P07000104292 1. Entity Name SOLUTIONS INTERIORS, INC.					
Principal Place of Business 901 NORTH LAKE DESTINY ROAD SUITE 370 MAITLAND, FL 32751 US			Mailing Address 901 NORTH LAKE DESTINY ROAD SUITE 370 MAITLAND, FL 32751 US		
2. Principal Place of Business - No P.O. Box # 903 OUTER ROAD		3. Mailing Address 903 OUTER ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 36-4618939	
Zip 32814		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCCORKLE, ANDREW L 901 NORTH LAKE DESTINY ROAD SUITE 370 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name MCCORKLE, ANDREW L. Street Address (P.O. Box Number is Not Acceptable) 903 OUTER ROAD City ORLANDO FL Zip Code 32814		
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 4/22/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input type="checkbox"/> Delete MCCORKLE, ANDREW L 901 NORTH LAKE DESTINY ROAD, SUITE 370 MAITLAND, FL 32751				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D <input type="checkbox"/> Delete MCCORKLE, CLAIR W 901 NORTH LAKE DESTINY ROAD, SUITE 370 MAITLAND, FL 32751				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCCORKLE, ANDREW L. 903 OUTER ROAD ORLANDO, FL 32814				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCCORKLE, CLAIR W. 903 OUTER ROAD ORLANDO, FL 32814				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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: 		Date 4/22/08 Daytime Phone # 407-373-7800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					