


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90082 036 \*\*\*158.75

<b>DOCUMENT # P92000005786</b>	
1. Entity Name THE INTERIORS WORKSHOP OF NAPLES, INC.	

Principal Place of Business 1736 TRADE CENTER WAY NAPLES, FL 34109 US	Mailing Address 1736 TRADE CENTER WAY NAPLES, FL 34109 US
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40003486



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0380392	Applied For 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  AYOTTE, JOHN R 2444 RAVENNA BLVD #102 NAPLES, FL 34109
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYOTTE, JOHN R 2444 RAVENNA BLVD #102 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWINS, TOM 1081 20TH AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, KEN 21200 WAYMOUTH RUN ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, BRUCE 5755 14TH AVENUE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, KIMBERLY 10500 BINKY LN. BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Kimberly Dennis - Kimberly Dennis 1-9-07 (239) 566-1337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #