## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2006 8:00 am Secretary of State

DOCUMENT # P93000069079  1. Entity Name SHOWCASE INTERIORS, INC.				03-15-2006	90113 035 ***158	3.75		
Principal Place	T CIRCLE	lailing Address 1264 MARKET CIRCLE						
# 3 PORT CHARLOTTE, FL 33953 # 3 PORT CHARLOTTE, FL 33		53		1188         88      86	   <b>     </b>			
2. Principal Place of Business 1244 MArket Circle 1264 MARK			TCircle					
Suite, Apt.	2-5	Suite, Apt. #, etc.		03102006	Chg-P	CR2E034 (11/05)		
City & State	- 1 ( - 1 ) / / / / / / / / / / / / / / / / / /	Sity & State Charle	Te fl.	4. FEI Number 65-0442	203	<del></del>	plied For t Applicable	
Zip 3399	Country USA	~~~	ountrý NS <u>A</u>	5. Certificate of	Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Regi		Name	7. Name and A	ddress of New R	egistered Agent	•	
FILEMAN, GARY T 1025 W MARION AVENUE, STEZ 1107 W. MARION AV.				File MAN, OARY Ally.  Street Address (P.O. Box Number is Not Acceptable)				
PUNTA GORDA, FL 33950 Suite 112			1107	أست أ	arion F	<del>1</del> v.		
			City DT.	te 112		FL Zip Code		
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 bite if applicable (NOTE: Registered Agent signature required when reinstating)  DATE:								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution	inancing \$	5.00 May Be dded to Fees				
After Ma	E NOW!!I FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRE	9. Election Campaign Fi Trust Fund Contribution CTORS	inancing \$ ion. A	5.00 May Be dded to Fees	HANGES TO OFF	ICERS AND DIRECTOR		
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12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Capiter 119, Florida Statutes. 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 orath; that I am an officer or director of the corporation or the receiver or trustee employered 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 at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06 941-429-4900

Daytime Phone #