


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90033 026 ***150.00

DOCUMENT # P94000033473		
1. Entity Name INTERIORS DIRECT, INC.		

Principal Place of Business INTERIORS DIRECT/C HARNISH 6161 NW 2ND AVE., #314 BOCA RATON FL 33487 US	Mailing Address INTERIORS DIRECT/C HARNISH 6161 NW 2ND AVE., #314 BOCA RATON FL 33487 US
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2. Principal Place of Business 1200 NE 27th Terrace Suite, Apt. #, etc.	3. Mailing Address 1200 NE 27th Terrace Suite, Apt. #, etc.
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City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33062	Zip 33062
Country Broward	Country Broward

4. FEI Number 65-0487033	Applied For <input type="checkbox"/> 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 HARNISH, CATHERINE 6161 NW 2ND AVE. #314 BOCA RATON FL 33487	
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7. Name and Address of New Registered Agent	
Name Catherine Caporaso	
Street Address (P.O. Box Number is Not Acceptable) 1200 NE 27th Terrace	
City Pompano Beach	FL
	Zip Code 33062

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 Catherine Caporaso	DATE 3/1/06
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FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARNISH, CATHERINE A 6161 NW 2ND AVE., #314 BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Catherine Caporaso 1200 NE 27 th Terrace Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Catherine Caporaso	3/1/06 561-445-1979
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