

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085049

Entity Name: INTERIORS BY THALIA, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

211 HOLLYWOOD BLVD.
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4117
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3300465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAULFIELD, ANNE L
129 LAKE LORRAINE CIRCLE
SHALIMAR, FL 32579 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CAULFIELD, ANNE L
Address: 52 SHALIMAR DR
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: NEWTON, THALIA A
Address: 799 CHOCTAW LANE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHY SOWERS

MGR

04/19/2005

Electronic Signature of Signing Officer or Director

Date