

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085049

Entity Name: INTERIORS BY THALIA, INC.

FILED  
Jan 20, 2006  
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: PSD (X) Change ( ) Addition  
Name: CAULFIELD, ANNE L  
Address: 129 LAKE LORRAINE CIRCLE  
City-St-Zip: SHALIMAR, FL 32579

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 Chapter 119, 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: ANNE L CAULFIELD

PSD

01/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date