


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90004 022 ***150.00

DOCUMENT # P94000085049 1. Entity Name INTERIORS BY THALIA, INC.					
Principal Place of Business 211 HOLLYWOOD BLVD. FORT WALTON BEACH, FL 32548 US			Mailing Address POST OFFICE BOX 4117 SHALIMAR, FL 32579		
2. Principal Place of Business - No P.O. Box # <i>See above</i>		3. Mailing Address <i>See above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 59-3300465	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAULFIELD, ANNE L 129 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579				7. Name and Address of New Registered Agent Name Anne L. Caulfield Street Address (P.O. Box Number is Not Acceptable) 211 N.E. Hollywood Blvd. City Fort Walton Beach, FL Zip Code 32548	
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 <i>Anne L. Caulfield</i> DATE 6.11.07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CAULFIELD, ANNE L 129 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S Anne Caulfield 211 N.E. Hollywood Blvd. Fort Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, THALIA A 799 CHOCTAW LANE SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Anne L. Caulfield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 6.11.07		Daytime Phone # 850.7361100

40120653



ATTACHMENT
40120655

May 2, 2006

To Florida Department of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

Dear Sirs,

I tried to file on line yesterday for over 4 hours. I spent a couple hours in the morning, and then for over two and a half hours late in the evening. Your server was over loaded and would not let me file, nor would it let me down load the form. I do not feel that a late fee would be justified.

Please send the me the appropriate form and I will fill it out, but in the meantime, here is my corporate information and payment enclosed.

INTERIORS BY THALIA, INC.
Document# P94000085049
Ein#59-3300465

Physical address:
Interiors by Thalia, Inc.
211 N. E. Hollywood Blvd.
Fort Walton Beach, FL 32548

Mailing address:
Interiors by Thalia, Inc
P.O. Box 4117
Shalimar, FL 32579

The following person (myself) is the President, Vice President, Treasurer, and Secretary:
Anne L. Caulfield
211 N. E. Hollywood Blvd.
Fort Walton Beach, FL 32548
Tel 850 796 1126

Thanks you for your attention to this matter and I look forward to receiving the form from you in the mail.

Sincerely,
Anne L. Caulfield
Interiors by Thalia, Inc

