

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093896

FILED
Mar 19, 2006
Secretary of State

Entity Name: THE BLOOM INTERIOR DESIGN GROUP, INC.

Current Principal Place of Business:

C/O LAW OFFICES DAVID HARRIS SINGER
13320 S.W. 128TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

C/O LAW OFFICES DAVID HARRIS SINGER
13320 S.W. 128TH STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0549719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, DAVID H
13320 S.W. 128TH STREET
MIAMI, FL 33186 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: D () Delete
Name: SINGER, SHEILA B
Address: 877 NW 124TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: SINGER, DAVID H
Address: 13320 SW 128TH STREET
City-St-Zip: MIAMI, FL 33186

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 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: DAVID H SINGER

SEC

03/19/2006

Electronic Signature of Signing Officer or Director

_____ Date