2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P95000002380 1. Entity Name ELLEN DOANE INTERIORS, INC.							,	05-02-2006 9	-		0.00
Principal Place of Business 3691 WATERCREST DRIVE LONGWOOD, FL 32779			3	ailing Address 691 WATERCREST DR ONGWOOD, FL 3277			IA IANTI BUKI BUKI ADIK BUKI	I BUM BUKE III	111 11 (11 1 1	11 68 1 11 1881	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04182006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State		4. FEI Number Applied For 59-3298281 Not Applicable					
Zip	Country			Zip Coun		itry	5. Certificate	e of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current			nt Regis	tered Agent	Name	7. Name and	d Address of New R	egistered /	Agent		
DOANE, ELLEN 3691 WATERCREST DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
LONGWOOD, FL 32779											
						City			FL	Zip Cod	e _
8. The above named entity submits this statement for the purpose of changing its registered							ered agent, or bo	oth, in the State of Flo		familiar with,	and accept
the obligations of registered agent.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	,	OFFICERS AN	ID DIRE	CTORS		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE D NAME DOANE, ELLEN				☐ Delete	E IE				☐ Change	Addition	
STREET ADDRESS 3691 WATERCREST DRIVE CITY-ST-ZIP LONGWOOD, FL 32779						EET ADDRESS '-ST-ZIP					
TITLE	UNGVVO	OD, FL 32779		☐ Delete	TITL					☐ Change	Addition
NAME					NAM	1E				_ ,	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP .					
TITLE	☐ Delete TiTL						*			☐ Change	☐ Addition
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CITY-ST-ZIP					_	-ST-ZIP	·····			- Channe	Addition
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TITLE				☐ Delete	TITL					☐ Change	☐ Addition
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CITY-ST-ZIP					CITY	'-ST-ZIP					
TITLE NAME				☐ Delete	TITL	I				☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP 12. I hereby cert	tify that the	information supplied v	vith this f	liling does not qualify f	or the ex	emptions containe	ed in Chapter 11	9, Florida Statutes. I	further cer	tify that the i	nformation
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: SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DIRECTOR 1 Date Dayling Phone & Dayling Phone &											
1		MURATURE AND TYPED	an PHINTE	AND OF STUDENTS OF FICE	OH DIREC	IVR		/ 12868		reyerne PIXONE #	