

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000090475

1. Entity Name
KRUEGER-DESAINTIS INTERIOR DESIGNS, INC.



Principal Place of Business
638 SNUG HARBOR RIVER
SUITE 4
BAYNTON BCH, FL 33480 US

Mailing Address
P.O. BOX 2133
PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

KRUEGER, FREDERICK
314 PLYMOUTH RD
WEST PALM BEACH, FL 33405

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. \$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	D <i>President</i> KRUEGER, FREDERICK 225 CHILIAN AVENUE, #4 PALM BEACH, FL 33480	<input 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	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	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	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	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	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:

Fred Krueger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-08 561-93-4664
Date Daytime Phone#

40103910

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)**Annual Report Online Filing**Document Number **P95000090475**Business Entity Name **KRUEGER-DESGANTIS INTERIOR DESIGNS, INC.**FEI Number **65 0630873**FEI Number Status Listed Above Applied For Not ApplicableCertificate of Status **\$8.75 (Optional)**Election Campaign Financing Trust Fund Contribution Yes No**Principal Place of Business**Address **638 SNUG HARBOR RICER** (PO Box not acceptable)Suite, Apt. #, etc. **SUITE 4**City, State **BAYNTON BCH, FL**Zip Code & Country **33480 US****Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

 Mailing address same as principal addressAddress **P.O. BOX 2133**

Suite, Apt. #, etc.

City, State **PALM BEACH, FL**Zip Code & Country **33480****Name And Address of Registered Agent**Name (Last, First, Middle, Title) **KRUEGER, FREDERICK****- OR -****Business to serve as RA**Street Address In Florida **314 PLYMOUTH RD** (PO Box not acceptable)

Suite, Apt. #, etc.

City, State **WEST PALM BEACH, FL**

ATTACHMENT40103910~~FP95000090475~~**Zip Code & Country**

33405 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**Title *President*

D

Name (Last, First, Middle, Title)

KRUEGER, FREDERICK

- OR -

Entity Name to serve as Officer/Director**Street Address** 225 CHILIAN AVENUE, #4**City, State** PALM BEACH, FL**Zip Code & Country**

33480

Name And Address #2

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director**Street Address****City, State****Zip Code & Country****Name And Address #3**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director**Street Address****City, State****Zip Code & Country**

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

40103910
FP95000090475

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

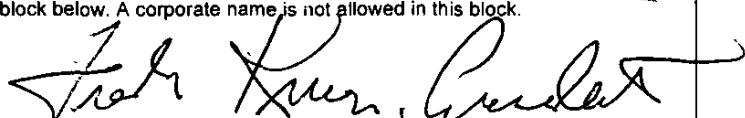
City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.