## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000077057

Entity Name: INTERIORS PURCHASING GROUP, INC.

FILED Feb 20, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

315 EAST ROBINSON STREET 719 PEACHTREE ROAD SUITE 350 ORLANDO, FL 32804

ORLANDO, FL 32801

**New Mailing Address: Current Mailing Address:** 

315 EAST ROBINSON STREET 719 PEACHTREE ROAD SUITE 350 ORLANDO, FL 32804

ORLANDO, FL 32801

FEI Number: 59-3408224 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

G & L AGENT SERVICES INC 390 N ORANGE AVE 600 ORLANDO, FL 32801

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS () Delete Title: PRFS (X) Change ( ) Addition

HOLECEK, RONALD J Name: Name: HOLECEK, RONALD J 2260 UNIVERSITY DRIVE 8001 IRVINE CENTER DR., SUITE 500 Address: Address:

City-St-Zip: NEWPORT BEACH, CA 92660 City-St-Zip: **IRVINE, CA 92618** 

Title: Title: VΡ () Delete (X) Change ( ) Addition MITORI, RONALD Name: MITORI, RONALD

Name: 2260 UNIVERSITY DRIVE 8001 IRVINE CENTER DR., SUITE 500 Address: Address:

NEWPORT BEACH, CA 92660 IRVINE, CA 92618 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: () Delete

COGHILL, GREGORY Name: COGHILL, GREGORY Name:

8001 IRVINE CENTER DR., SUITE 500 2260 UNIVERSITY DRIVE Address: Address:

City-St-Zip: NEWPORT BEACH, CA 92660 City-St-Zip: IRVINE, CA 92618

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.

VΡ SIGNATURE: RONALD T. MITORI 02/20/2007