## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000077057

Entity Name: INTERIORS PURCHASING GROUP, INC.

8001 IRVINE CENTER DR., SUITE 500

IRVINE, CA 92618

Address: City-St-Zip: FILED Jun 30, 2009 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
	ROBINSON	STREET				
350 ORLANDO	), FL 32801					
Current Mailing Address:			New Mai	New Mailing Address:		
315 EAST ROBINSON STREET				8001 IRVINE CENTER DR.		
350 ORLANDO	350 ORLANDO, FL 32801		SUITE 500 IRVINE, CA 92618			
FEI Number:	59-3408224	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
390 N ORA ORLANDO	ENT SERVIC ANGE AVE 6 D, FL 32801 named entite of Florida.	00 US	purpose of changing	g its registe	red office or registered agent, or both,	
SIGNATUR						
	Electro	onic Signature of Registered A	gent		Date	
		193(2)(b), F.S., the corporation diding Trust Fund Contribution ( ).	not receive the prior no	tice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	HOLECEK, R	CENTER DR., SUITE 500	Title: Name: Address: City-St-Zip		() Change () Addition	
Title: Name:	VP MITORI, RON	( ) Delete	Title: Name:	VP COGHILI	(X) Change ( ) Addition	
Address: City-St-Zip:		CENTER DR., SUITE 500	Address: City-St-Zip	8001 IRV	COGHILL, GREGORY 8001 IRVINE CENTER DR., SUITE 500 IRVINE, CA 92618	
Title: Name:	VP COGHILL, GI	X) Delete REGORY	Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: RONALD J. HOLECEK PRES 06/30/2009