

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91257 043 \*\*\*150.00

<b>DOCUMENT # P96000097356</b>			
<b>1. Entity Name</b> WORLD INTERIORS INC.			
<b>Principal Place of Business</b> 11194 CLEVELAND AVE. FT. MYERS, FL 33907		<b>Mailing Address</b> C/O R. SCOTT BARKER 12730 NEW BRITTANY # 455 FORT MYERS, FL 33907 US	
<b>2. Principal Place of Business</b> 14621 SIX MILE CYPRESS Suite, Apt. #, etc.		<b>3. Mailing Address</b> 14621 SIX MILE CYPRESS Suite, Apt. #, etc.	
<b>City &amp; State</b> FORT MYERS FL		<b>City &amp; State</b> FORT MYERS, FL	
<b>Zip</b> 33912		<b>Country</b> US	
<b>4. FEI Number</b> 65-0753593		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BAKER, RICHARD SCOTT 12730 NEW BRITTANY # 455 FT. MYERS, FL 33907		<b>7. Name and Address of New Registered Agent</b> Name: <b>ARNOLD J. CHEW</b> Street Address (P.O. Box Number is Not Acceptable): 14621 SIX MILE CYPRESS City: <b>FORT MYERS</b> FL Zip Code: <b>33912</b>	
<b>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.</b> SIGNATURE: <b>ARNOLD J. CHEW</b> DATE: <b>4/30/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>CHEW, DIANE</b> STREET ADDRESS: <b>15276 FIDDESTICKS BLVD.</b> CITY-ST-ZIP: <b>FT. MYERS, FL 33912</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>			
<b>SIGNATURE:</b> <b>ARNOLD J. CHEW</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4/30/04</b> Daytime Phone #: <b>2399366704</b>	