

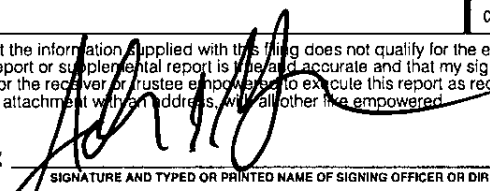


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90029 001 ***150.00

DOCUMENT # P97000006966 1. Entity Name MAJESTIC INTERIOR TRIM, INC.					
Principal Place of Business 4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411		Mailing Address 4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411			
2. Principal Place of Business		3. Mailing Address		 02242004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0723126	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GEORGE, JOHN P 4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEORGE, JOHN P	NAME	JOHN P. GEORGE		
STREET ADDRESS	4061 ROYAL PALM BEACH BLVD	STREET ADDRESS	2442 BAY VILLAGE CIRCLE		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COCORCON, WILLIAM	NAME	WILLIAM CORCORAN		
STREET ADDRESS	4061 ROYAL PALM BEACH BLVD	STREET ADDRESS	757 ORCHID DRIVE		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	JOHN ROBINSON		
STREET ADDRESS		STREET ADDRESS	2617 VANDIVER DR., APT #12		
CITY-ST-ZIP		CITY-ST-ZIP	W. PALM BEACH, FL 33409		
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	JAMES M. KNIGHT		
STREET ADDRESS		STREET ADDRESS	4468 126th DRIVE N.; APT #1		
CITY-ST-ZIP		CITY-ST-ZIP	LOXAHATCHEE, FL 33470		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 files empowered.					
SIGNATURE: 		Date: 3/11/04		Daytime Phone #: 561-7227971	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					