2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 08:00 AM **Secretary of State DOCUMENT # P97000064639** 1. Entity Name MERÝSOL'S INTERIORS, INC. Principal Place of Business Mailing Address 676 CHERRY ST. 676 CHERRY ST. WINTER PARK, FL 32789 WINTER PARK, FL 32789 CR2E034 (11/05) 04232007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3463279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PORTES, MERYSOL 1155 ACADEMY DR. ALTAMONTE SPRING, FL 32714 IN THIS SPACE 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000746084 Trust Fund Contribution. Added to Fees 05/16/07-80053-022 150.00 10. OFFICERS AND DIRECTORS TITLE n PORTES, MERYSOL NAME STREET ADDRESS 1155 ACADEMY DR. ALTAMONTE SPRING, FL 32714 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET AODRESS

12. Thereby 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Mercy of Porto BIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-25-07

407-629-8892

Daytime Phone #

FILED