


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000064639
 1. Entity Name
MERYSOL'S INTERIORS, INC.



Principal Place of Business
**676 CHERRY ST.
 WINTER PARK, FL 32789**

Mailing Address
**676 CHERRY ST.
 WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3463279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTES, MERYSOL
 1155 ACADEMY DR.
 ALTAMONTE SPRING, FL 32714**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000746084
 05/16/07-80053-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PORTES, MERYSOL 1155 ACADEMY DR. ALTAMONTE SPRING, FL 32714
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12. I hereby 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: Merysol Portes **4-25-07** **407-629-8892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MERYSOL PORTES