

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000085682

1. Entity Name
AES INTERIORS & ASSOCIATES, INC.



Principal Place of Business
2900 N.W. 32ND STREET
BOCA RATON, FL 33434

Mailing Address
C/O COMPUKEEPER
1446 N.W. 2ND AVENUE #105
BOCA RATON, FL 33432 US

2. Principal Place of Business

3. Mailing Address
2298 NW 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE 20

City & State

City & State
BOCA RATON, FL

Zip

Zip 33431

Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0798380

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ANNETTE E
2900 N.W. 32ND STREET
BOCA RATON, FL 33434

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ANNETTE E 2900 N.W. 32ND STREET BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNETTE SMITH, PR 4/21/06

Date

561-289-5687

Daytime Phone #