2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # P98000007450** INTERIORS BY CAROL, INC. Principal Place of Business Mailing Address 21150 FALLS RIDGE WAY 21150 FALLS RIDGE WAY BOCA RATON, FL 33428 BOCA RATON, FL 33428 US US No Chg-P CR2E034 (10/03) 01212004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0811962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FELDMAN, CAROL DO NOT WRITE 21150 FALLS RIDGE WAY BOCA RATON, FL 33428 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) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 1100000105483 '07,'04-80026-822 OFFICERS AND DIRECTORS 10. PTSD TIRE NAME FELDMAN, CAROL STREET ADDRESS 21150 FALLS RIDGE WAY CITY-ST-ZIP BOCA RATON, FL 33428 MLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY - S7 - 23P IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CGY+ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 attachapent with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP