


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90163 002 ***150.00

| | | | |
|---|---|--|---|
| DOCUMENT # P98000007450 1. Entity Name INTERIORS BY CAROL, INC. | |  | |
| Principal Place of Business 21150 FALLS RIDGE WAY BOCA RATON, FL 33428 US | | Mailing Address 21150 FALLS RIDGE WAY BOCA RATON, FL 33428 US | |
| 2. Principal Place of Business 11419 W. PALMETTO PARK RD. Suite, Apt. #, etc. E | | 3. Mailing Address 11419 W. PALMETTO PARK RD. Suite, Apt. #, etc. E | |
| City & State BOCA RATON, FL. | | City & State BOCA RATON, FL. | |
| Zip 33428 Country PALM BEACH | | Zip 33428 Country PALM BEACH | |
| 4. FEI Number 65-0811962 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FELDMAN, CAROL 21150 FALLS RIDGE WAY BOCA RATON, FL 33428 | | 7. Name and Address of New Registered Agent Name FELDMAN, CAROL Street Address (P.O. Box Number is Not Acceptable) 11419 W. PALMETTO PARK RD., STE. E City BOCA RATON FL 33428 | |
| 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: <u>CAROL FELDMAN, PRES.</u> (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. <input type="checkbox"/> \$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 | PTSD FELDMAN, CAROL 21150 FALLS RIDGE WAY BOCA RATON, FL 33428 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTSD CAROL FELDMAN, CAROL 11419 W. PALMETTO PARK RD. STE. E BOCA RATON, FL. 33428 |
| 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 |
| 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 |
| 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 |
| 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: <u>CAROL FELDMAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | CAROL FELDMAN, PRES Date <u>3/6/06</u> Daytime Phone # <u>561-488-4004</u> | |