


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000041858


1. Entity Name
PASCALE DU WAT INTERIEURS, INC



Principal Place of Business
**344 WORTH AVE.
 PALM BEACH, FL 33480**

Mailing Address
**344 WORTH AVE.
 PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0831263

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**DU WAT, PASCALE
 344 WORTH AVE.
 PALM BEACH, FL 33480**

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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 \$580.00
Due by September 5, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DU WAT, PASCALE
STREET ADDRESS	344 WORTH AVE.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 addressee, with all other filers empowered.

SIGNATURE:  **May 5, 2006.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #