2005 FOR PROFIT CORPORATION

Jul 07, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000049005 JOHN H. NELSON INTERIORS, INC. Principal Place of Business Mailing Address 1855 GRIFFIN RD 1855 GRIFFIN RD C-232 C-232 DANIA, FL 33004 DANIA, FL 33004 07052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0892165 \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent NELSON, JOHN H DO NOT WRITE 340 SUNSET DR. **SUITE #509** IN THIS SPACE FT LUADERDALE, FL 33301 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice, 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PSTD TITLE NELSON, JOHN H NAME 340 SUNSET DRIVE STREET ADDRESS U00000371214 07/07/05-80008-015 150.00 CITY-ST-ZIP FT LAUDERDALE, FL 33301 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, withyall other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS

CER OR DIRECTOR

Daytime Phone #

FILED