

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 13, 2005  
Secretary of State**

DOCUMENT# P99000006648

Entity Name: ADDRESS CUSTOM INTERIORS, INC.

**Current Principal Place of Business:**

12850 STATE ROAD 84, #1827  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

12850 STATE ROAD 84, #1827  
DAVIE, FL 33325

**New Mailing Address:**

FEI Number: 65-0885064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADDRESS, TRAVIS  
12850 STATE ROAD 84, #1827  
DAVIE, FL 33325      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            ADDRESS, TRAVIS  
Address:        12850 STATE ROAD 84, #1827  
City-St-Zip:    DAVIE, FL 33325

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PTD            (X) Change ( ) Addition  
Name:            ADDRESS, TRAVIS  
Address:        12850 STATE ROAD 84, #1827  
City-St-Zip:    DAVIE, FL 33325

Title:            VPSD            ( ) Change (X) Addition  
Name:            ADDRESS, NATASHA C  
Address:        12850 STATE ROAD 84, #1827  
City-St-Zip:    DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRAVIS ADDRESS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PTD

10/13/2005

\_\_\_\_\_  
Date