2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM Secretary of State **DOCUMENT # P99000062372** ZOBE'S INTERIOR DESIGNS, INC. Principal Place of Business Mailing Address **7945 JUNIPER STREET 7945 JUNIPER STREET** MIRAMAR, FL 33023 MIRAMAR, FL 33023 04172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0933952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DANIEL, DARREN DO NOT WRITE 7945 JUNIPER ST MIRAMAR, FL 33023 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 algorature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DANIEL, DARREN 7945 JUNIPER STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 VPST DANIEL, DARREN NAME U00000723549 05/02/07-80076-012 158.75 7945 JUNIPER STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 TTELE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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.

PARTER* **DANIES****

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

4/1/01

954-354-6057

FILED