2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# P99000069905

Entity Name: ROBERTA L. LEMOINE INTERIOR DESIGN, INC.

Current Principal Place of Business:

1402 HIGHLAND AVE
MELBOURNE, FL 32955

New Principal Place of Business:

7025 N WICKHAM RD
SUITE 110
MELBOURNE, FL 32940

Current Mailing Address:

1402 HIGHLAND AVE
MELBOURNE, FL 32955

New Mailing Address:

7025 N WICKHAM RD
SUITE 110
MELBOURNE, FL 32940

FEI Number: 59-3605752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMAINE, ROBERTA
2210 GRAND TETON BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

LEMOINE, ROBERTA
2210 GRAND TETON BLVD
MELBOURNE, FL 32935 US

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: ROBERTA LEMOINE 01/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEMOINE, ROBERTA L
Address: 2210 GRAND TETON BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: LEMOINE, NORMAN
Address: 2210 GRAND TETON BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: T ( ) Delete
Name: BRAY, KRISTYN
Address: 1430 BRIDGEPORT CIR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERTA LEMOINE P 01/29/2008
Electronic Signature of Signing Officer or Director Date