2005 FOR PROFIT CORPORATION

Apr 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-18-2005 90301 026 ***150.00 **DOCUMENT # P99000082054** CARTER & ASSOCIATES INTERIOR DESIGNS, INC. գսսերում Principal Place of Business Maiting Address 8700 RIDGEWOOD AVE., #PH-7A 8700 RIDGEWOOD AVE., #PH-7A CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 2 Principal Place of Business 31 Ridge Way 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 04122005 Cha-P CR2E034 (10/03) 720 Ba ω c ω a City & State City & State Applied For 4. FEI Number 59-2963034 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 329 20 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRAFFINO, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) 3312 W UNIVERSITY AVE SUITE 2 GAINESVILLE, FL 32607 City Zip Code FL. 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 Signature, typed or printed name of regreered agent and talle if applicable. (NOTE: Registered Agent signature required when renistating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete BRE TITLE Change ☐ Addition NAME CARTER, SUSIE NAME Bayside 8700 RIDGEWOOD AVE., #PH-7A STREET ADORESS STREET ADDRESS CATY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP oe Canaveral <u>32920</u> D MLE ☐ Defete ☐ Change Addition WESSNER, BARBARA NUE MAME STREET ADDRESS 1193 HONEYBEE LANE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-7IP MRE Delete DDE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CZTY-ST-ZIP CITY-ST-ZIP TILLE □ Delete TITLE ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-ZP NAE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-SI-ZIP WD F Defete TITLE Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS

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 withyan address, with all other like empowered.

CRY-ST-ZIP

CITY-ST-7IP

OFFICER OF DIRECTOR

FILED