


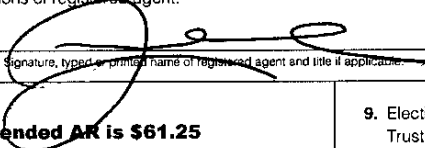
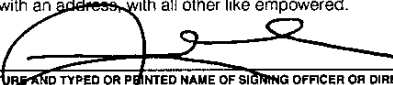
**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

05 DEC 12 PM 8: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000086259					
1. Entity Name DEBORAH KAYE INTERIORS, INC.					
Principal Place of Business 2135 LAKE AVE. MIAMI BEACH, FL 33140		Mailing Address 2135 LAKE AVE. MIAMI BEACH, FL 33140			
2. Principal Place of Business <i>901 NE 125th St</i>		3. Mailing Address <i>New</i> <i>901 NE 125th Street</i>			
Suite, Apt. #, etc. <i>107</i>		Suite, Apt. #, etc. <i>107</i>			
City & State <i>NO MIAMI FL</i>		City & State <i>NO MIAMI FLA</i>		4. FEI Number 65-0992467	
Zip <i>33161</i>	Country <i>USA</i>	Zip <i>33161</i>	Country <i>USA</i>	Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSEFELDE ALAN P 2135 LAKE AVE. MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name <i>NORMAN LEVINE</i> Street Address (P.O. Box Number is Not Acceptable) <i>901 NE 125TH STREET</i> <i>SUITE 107</i> City <i>NO MIAMI BEACH FL</i> Zip Code <i>33161</i>	
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 		(NOTE: Registered Agent signature required when reinstating)		DATE <i>12/7/05</i>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYE, DEBORAH 11111 BISCAYNE BLVD, #1657 MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSS, LAURIE 825 MERIDIAN LANE HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	700062208377 12/16/05--01005--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE NORMAN 901 NE 125TH STREET NO MIAMI FLA 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>12/7/05</i> Daytime Phone # <i>3158950202</i>	