

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111465

FILED
Apr 15, 2005
Secretary of State

Entity Name: MASTERPIECE INTERIORS, INC.

Current Principal Place of Business:

7033 STAPONT CT
SUITE B
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

7033 STAPOINT COURT
SUITE B
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3619757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATLIFF, CAROL A
7033 STAPOINT COURT
SUITE B
WINTER PARK, FL 32792 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RATLIFF, CAROL A
Address: 700 SEQUOIA TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: DP () Delete
Name: SCANLON, CHRISTY A
Address: 3206 TCU BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: SCANLON, DONALD C
Address: 3206 TCU BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: MULHOLLAND, LISA M
Address: 3716 HARGILL DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: STD (X) Delete
Name: RATLIFF, G. ADAIR
Address: 700 SEQUOIA TRAIL
City-St-Zip: MAITLAND, FL 32751

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:

Title: STD (X) Change () Addition
Name: RATLIFF, G. ADAIR
Address: 700 SEQUOIA TRAIL
City-St-Zip: MAITLAND, FL 32751

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

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: G. ADAIR RATLIFF

ST

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date