2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 08:00 AM Secretary of State

DOCUMENT # S68885 1. Entry Name ANN DOWNEY INTERIORS, INC. Principal Place of Business Mailing Address CO B's WEINSTEIN A995 NN TOHIN NAY CORAL SPRINGS, FL 33490. CORB SPRINGS, FL 33476 DO NOT WRITE IN THIS SPACE 03102005 No Cmp-P CR2634 (10/03) 4.55 - 4.5	ANNUAL REPORT					Wiai 25, 2005 06:00			
CO R KENSTEIN 4995 NN 104TH WAY CORAL SPRINGS, FL 33076 DO NOT WRITE IN THIS SPACE 03102005	1. Entity Nan	ne				Sec	retary (oi State	
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0275630 Appliest for 65-0275630 No. Chg-P CR2E034 (10/03) 4. FEI Number 65-0275630 Appliest for 65-0275630 No. Chg-P CR2E034 (10/03) 5. Certificate of Status Desired \$8.75 Additional Fee Required WEINSTEIN, RICHARD S 4965 NW 1047H WAY CORAL SPRINGS, FL 33076 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Surviva, header printed registered agent or dits if addition NOTE Registered Agent Agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a	601 ISLAND	DR	C/O RS WEINSTEIN 4995 NW 104TH WAY						
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the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if acolicable (NOTE Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITILE DOWNEY, ANN T. STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRE	4995 NW	104TH WAY							
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12. I-hereby titly 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 holicated in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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:

STREET ADDRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

ANN T. DOWNLY

3/22/05

561 602 2831