

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # V05231

1. Entity Name
MARC-MICHAELS INTERIOR DESIGN, INC.



Principal Place of Business
**720 MORSE BLVD
WINTER PARK, FL 32789 US**

Mailing Address
**720 MORSE BLVD
WINTER PARK, FL 32789 US**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0306161	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WWW, INC
390 N. ORANGE AVE.
SUITE 1500
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

01/29/07-80058-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	ABBOTT, MICHAEL
STREET ADDRESS	720 W. MORSE BLVD
CITY-ST-ZIP	WINTER PARK, FL

TITLE	PD
NAME	THEE, S. MARK
STREET ADDRESS	720 W. MORSE BLVD
CITY-ST-ZIP	WINTER PARK, FL

TITLE	V
NAME	HURT, ANDREA
STREET ADDRESS	720 W. MORSE BLVD
CITY-ST-ZIP	WINTER PARK, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1-23-2007 402 628-0441

Date

Daytime Phone #