


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # V19893 1. Entity Name JEANETTE'S INTERIOR'S, INC.	
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Principal Place of Business 818 S. PARROTT AVNEUE OKEECHOBEE FL 34974	Mailing Address 818 S. PARROTT AVNEUE OKEECHOBEE FL 34974
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3108442	<input type="checkbox"/> Applied For <input 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 HARVEY, JEANETTE 818 S. PARROTT AVENUE OKEECHOBEE FL 34974	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		Delete
TITLE	P JEANETTE HARVEY 818 S. PARROTT AVE. OKEECHOBEE FL	<input type="checkbox"/>
TITLE	ST WARREN B. HARVEY 818 S. PARROTT AVE. OKEECHOBEE FL	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	U00000623866 02/14/07-80006-025 150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE: _____ **DATE:** 2-29-07 **DAYTIME PHONE #:** 8637636554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR