
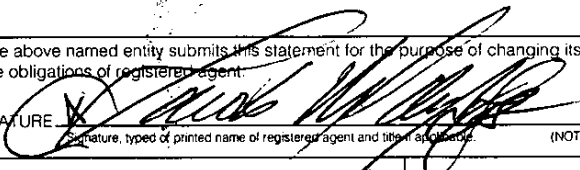
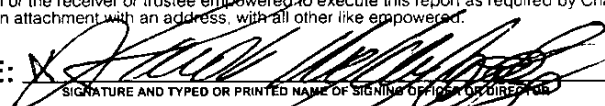


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90020 034 \*\*\*150.00

<b>DOCUMENT # V54373</b> 1. Entity Name <b>INTERNATIONAL HOME CENTER INTERIOR INC.</b>																																	
Principal Place of Business <b>1727 NW 38 AVE LAUDERHILL, FL 33311</b>			Mailing Address <b>1727 NW 38 AVE LAUDERHILL, FL 33311</b>																														
2. Principal Place of Business - No P.O. Box # <b>581-C E Sample Rd.</b>		3. Mailing Address <b>P.O. BOX 50127</b>																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																															
City & State <b>Pompano Beach, FL</b>		City & State <b>Lighthouse Point, FL</b>		4. FEI Number <b>65-0348082</b>																													
Zip <b>33064</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																													
Zip <b>33074</b>		Country <b>USA</b>		01282008 Chg-P CR2E034 (12/06)																													
6. Name and Address of Current Registered Agent  <b>MELDUNG, JACOB 111 N. POMPANO BEACH BLVD 1814 POMPANO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																													
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: <b>1/29/08</b> <small>(Signature, typed or printed name of registered agent and title are required. (NOTE: Registered Agent signature required when reinstating.)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <b>PRES MELDUNG, JACOB 111 N. POMPANO BEACH BLVD POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PRES MELDUNG, JACOB 111 N. POMPANO BEACH BLVD POMPANO BEACH, FL 33062</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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:  DATE: <b>1/29/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	