## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V62320

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Jan 30, 2006 Secretary of State

Entity Nan	ne: LA VERT	ICAL INTERIORS, INC.				
Current Pi	incipal Place	of Business:	New Principal Place of Business:			
4501 TAMI KISSIMMEI	LANE E, FL 34746	US				
Current M	ailing Addres	s:	New Mailing Address:			
4501 TAMI KISSIMMEI	LANE E, FL 34746	US				
FEI Number:	59-3137098	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired	( )
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
	LANE E, FL 34746	US				
The above in the State		submits this statement for the pu	urpose of changing i	ts registered	office or registered agent, o	r both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CSTD () SELF, RUTH 4501 TAMI LAN KISSIMMEE, FI		Title: Name: Address: City-St-Zip:	CVTD ( SELF, RUTH 4501 TAMI LA KISSIMMEE,		
Title: Name: Address: City-St-Zip:	PD () SELF, GEORGI 4501 TMAI LAN KISSIMMEE, FI	E	Title: Name: Address: City-St-Zip:	PD ( SELF, GEOR 4501 TAMI LA KISSIMMEE,	NE	
Title: Name: Address:	( )	Delete	Title: Name: Address:	HAMLIN, WIL	) Change (X) Addition LIAM C IG EAGLE LANE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

KISSIMMEE, FL 34746

ANAGELA, HÀMLIN L

KISSIMMEE, FL 34746

1004 SOARING EAGLE LANE

( ) Change (X) Addition

SD

SIGNATURE: RUTH H. SELF CVDT 01/30/2006