


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 028 ***150.00

DOCUMENT # V62320	
1. Entity Name LA VERTICAL INTERIORS, INC.	

Principal Place of Business 4501 TAMM LANE 118 airport lane KISSIMMEE, FL 34746 US 34741	Mailing Address 4501 TAMM LANE 118 airport lane KISSIMMEE, FL 34746 US 34741
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03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3137098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELF, RUTH
~~4501 TAMM LANE~~ 3325 marsh Road
KISSIMMEE, FL 34746
34746

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVTD SELF, RUTH 4501 TAMM LANE 3325 marsh Rd KISSIMMEE, FL 34746 Kissimmee FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELF, GEORGE 4501 TAMM LANE 3325 marsh Road KISSIMMEE, FL 34746 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD HAMLIN, WILLIAM C 1004 SOARING EAGLE LANE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANAGELA, HAMLIN L 1004 SOARING EAGLE LANE KISSIMMEE, FL 34746
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: Ruth H. Self 5-2-07 407-933-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #