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Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63906

1. Entity Name
INTERIOR IMAGES, INC.

Principal Place of Business	Mailing Address
5455 N. US 1 COCOA FL 32922	P.O. BOX 2233 COCOA FL 32923-2233 US

11010223

2. Principal Place of Business	3. Mailing Address
310 BRUNSON BLVD.	
Suite, Apt. #, etc.: SUITE #106	Suite, Apt. #, etc.
City & State: COCOA FL	City & State
Zip: 32922 Country: USA	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3173040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, MARY E. 101 S. TWIN LAKES ROAD COCOA, FL 32926	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, MARY E. 101 SOUTH TWIN LAKE ROAD COCOA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 — Date

321-633-3247 — Daytime Phone #