

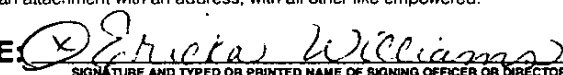


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90008 023 ***150.00

DOCUMENT # P03000023189					
1. Entity Name E & J INTERIORS, INC.					
Principal Place of Business 3940 E COQUINA WAY WESTON, FL 33332			Mailing Address 1492 S. INDEPENDENCE BLVD., #102 VIRGINIA BEACH, VA 23462		
2. Principal Place of Business 1503 ALYDAR CT		3. Mailing Address 1503 ALYDAR CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WAXHAW, NC		City & State WAXHAW, NC		4. FEI Number 26-0060938	
Zip 28173		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 28173		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, ERICKA 3940 E. COQUINA WAY WESTON, FL 33332			7. Name and Address of New Registered Agent		
			Name JAY WILLIAMS ERICKA WILLIAMS		
			Street Address (P.O. Box Number is Not Acceptable) 501 S.E. 2ND ST #632		
			City FT LAUDERDALE FL		
			Zip Code 33301		
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: February 27, 2006	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT WILLIAMS, ERICKA 3940 E. COQUINA WAY WESTON, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/MEAS/DIRECTOR ERICKA WILLIAMS 1503 ALYDAR CT WAXHAW, NC 28173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: February 27, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE AND PHONE #	
ERICKA WILLIAMS PRESIDENT					