


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 371082			
1. Entity Name DECA INVESTORS, INC.			
Principal Place of Business 501 S. W. 158 TERRACE #203 PEMBROKE PINES FL 33027		Mailing Address 501 S. W. 158 TERRACE #203 PEMBROKE PINES FL 33027	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PALAMARA, CHARLES T. 501 SW 158 TERRACE #203 PEMBROKE PINES FL 33027		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-1410860 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____	
<small>Signature (typed or printed name of registered agent and title if applicable)</small>		<small>(NOTE: For Secret Agent, signature is required when transacting)</small>	



1st MOORE CR2E034 (10/05)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	CASE, ROBERT	<input type="checkbox"/>			
STREET ADDRESS	2813 LUTHER CATLETT CIRCLE				
CITY - ST - ZIP	SEVIERVILLE TN 37876				
VP	GARFIELD, NEIL	<input type="checkbox"/>			
STREET ADDRESS	6087 OVERLAND PL				
CITY - ST - ZIP	DELRAY BEACH FL 33484				
ST	PALAMARA, CHARLES T.	<input type="checkbox"/>			
STREET ADDRESS	501 SW 158 TERR, #203				
CITY - ST - ZIP	PEMBROKE PINES FL 33027				
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

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 03/24/06-80036-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *CA Palamara C.T. PALAMARA* 3/12/06 959-699-5445