


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 475504 1. Entity Name DECORATIVE DIMENSIONS, INC.	
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Principal Place of Business 926 26TH ST WEST PALM BEACH, FL 33407 US	Mailing Address 926 26TH ST WEST PALM BEACH, FL 33407 US
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04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1594641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIOTTO, LILLIAN B
 926 26TH STREET
 WEST PALM BEACH, FL 33407

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 _____ (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	PTS MIOTTO, LILLIAN B. 926 26TH ST WPB, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERS, RUTH A. 926 26TH ST WPB, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIOTTO, LILLIAN B. 926 26TH ST WPB, FL 33407
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 05/18/07-80008-024-150.00

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: Lillian B. Miotta **4/26/07** 361-746-4660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #