

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 475504**

1. Entity Name  
**DECORATIVE DIMENSIONS, INC.**



Principal Place of Business  
**926 26TH ST  
WEST PALM BEACH, FL 33407 US**

Mailing Address  
**926 26TH ST  
WEST PALM BEACH, FL 33407 US**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2008 Fee will be \$550.00**

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

U00000945947  
05/30/08-80028-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTS
NAME	MIOTTO, LILLIAN B.
STREET ADDRESS	926 26TH ST
CITY-ST-ZIP	WPB, FL 33407
TITLE	V
NAME	PETERS, RUTH A.
STREET ADDRESS	926 26TH ST
CITY-ST-ZIP	WPB, FL 33407
TITLE	D
NAME	MIOTTO, LILLIAN B.
STREET ADDRESS	926 26TH ST
CITY-ST-ZIP	WPB, FL 33407
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lillian B. Miotto*  
**LILLIAN B MIOTTO** 4/28/08