

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057641

FILED
May 01, 2010
Secretary of State

Entity Name: ECO DECOR, INC.

Current Principal Place of Business:

636 US HWY ONE
110
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

505 LIGHT HOUSE DR.
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0677621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPTON, BERNADETTE V
505 LIGHTHOUSE DRIVE
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO
Name: UPTON, BERNADETTE . V
Address: 505 LIGHTHOUSE DR.
City-St-Zip: NO. PALM BEACH, FL 33408

Title: D
Name: UPTON, BERNADETTE V
Address: 505 LIGHTHOUSE DR.
City-St-Zip: N. PALM BEACH, FL 33408

Title: VPT
Name: GIORDANO, DANIEL R
Address: 531 US HWY ONE
City-St-Zip: N. PALM BEACH, FL 33408

Title: CFO
Name: GIORDANO, DANIEL R
Address: 531 US HWY ONE
City-St-Zip: N. PALM BEACH, FL 33408

Title: VPMS
Name: UPTON, BRIAN WAYNE
Address: 531 US HWY ONE
City-St-Zip: N. PALM BEACH, FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERNADETTE V. UPTON

PCEO

05/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date