


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90003 047 ***150.00

DOCUMENT # P97000052698

1. Entity Name
DELRAY DECORATOR SERVICE, INC.



Principal Place of Business 143 NE 4TH AVE DELRAY BEACH, FL 33483	Mailing Address 143 NE 4TH AVE DELRAY BEACH, FL 33483
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54024354



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0763076	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROOKS, HENRY E
 2898 FLORIDA BLVD
 DELRAY BEACH, FL 33483

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD BROOKS, HENRY E 2898 FLORIDA BLVD DELRAY BEACH, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, JUDITH C 2898 FLORIDA BLVD DELRAY BEACH, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, DANIEL T 4185 SW 2ND AVE. BOYNTON BEACH, FL 33435 <i>Removed as officer as of 9/30/03</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(l), 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: *Judith C. Brooks* **3/25/04** **561 278-2577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #