FILED Jul 11, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) 484314 DOCUMENT # 1. Entity Name 05-22-2002 90259 023 ***158.75 DECOR COORDINATES, INC. Mailing Address Principal Place of Business 1550 LATHAM RD., STE.7 1550 LATHAM RD., STE.7 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 1 4. FEI Number City & State City & State 59-1621519 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOSEPH FERRARO FERRARO, ANGELO Street Address (P.O. Box Number is Not Acceptable) 12653 CORAL BREEZE DRIVE 1550 LATHAM ROAD WEST PALM BEACH FL 33409 City WELLINGTON 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. 8-02 (NOTE: Registered Agent signature required when reinstating) DATE printed name of registered agent and title if applicable Signature, typed -----FILE NOW!!! FEE IS \$550:00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE PST Delete TITLE NAME FERRARO, ANGELO T. JOSEPH FERRARO NAME STREET ADDRESS 1221 EAST MOUNTAIN DR. STREET ADDRESS 12653 CORAL BREEZE DRIVE WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP WELLINGTON, FL. 33414 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of flistee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment w with all other like empowered

SIGNATURE:

CR2E034 (4/02)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Daytime Prione *

Attachment # 484314 96970

July 3, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Document #484314 EIN #50-1621519

To Whom It May Concern:

SUBJECT: 2002 UBR FILING

Please be informed this form has already been filed and paid per my phone call to your agency July 2, 2002. This notice is to inform you that the original UBR form returned to client for signature on line #8, was not received by him. The attached form will show all changes per original with appropriate signature on line 8 and 13.

Please update your records and send a Certificate of Status. We thank you for your prompt attention to this matter.

Sincerely,

SMOLIN, LUPIN, COLE & CO., L.L.C.

Joyce E. Lingner Accountant

Enclosure: UBR 2002