

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001735

1. Entity Name
DECORATIVE CRAFTS, INC.



Principal Place of Business
**50 CHESTNUT STREET
GREENWICH, CT 06830**

Mailing Address
**50 CHESTNUT STREET
GREENWICH, CT 06830**



07282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5569715	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

**BODEM, LOREN E
815 COLORADO AVENUE, SUITE 305
STUART, FL 34994**

**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 _____
Signature, typed or printed name of registered agent, and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVC
NAME	COHN, JEFFREY
STREET ADDRESS	4 BROADVIEW ROAD
CITY-ST-ZIP	WESTPORT, CT 06880

TITLE	S
NAME	COHN, CAROL
STREET ADDRESS	30 LINDSAY DRIVE
CITY-ST-ZIP	GREENWICH, CT 06830

TITLE	C
NAME	COHN, RICHARD
STREET ADDRESS	30 LINDSAY DRIVE
CITY-ST-ZIP	GREENWICH, CT 06830

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000573805
08/08/06-80002-011 150.00

**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

JEFFREY COHN

8/3/06

Date

Daytime Phone #