


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F14366</b> 1. Entity Name DECORATIVE PRODUCTS, INC.	
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Principal Place of Business 1366 HUFFMAN RD PORT ST. LUCIE FL 34952 US	Mailing Address 1366 HUFFMAN RD PORT ST. LUCIE FL 34952 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2578861</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
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DIFRUSCIO, FRED R 2072 BISBEE ST PORT ST. LUCIE FL 34952
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7. Name and Address of New Registered Agent
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Added to Fees
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10. OFFICERS AND DIRECTORS
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TITLE	PD	<input type="checkbox"/> Delete
NAME	DIFRUSCIO, FRED R	
STREET ADDRESS	2072 BISBEE ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	DIFRUSCIO, FRED M	
STREET ADDRESS	466 NE BLUEFISH PT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIFRUSCIO, CATHERINE	
STREET ADDRESS	2072 BISBEE ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	000000407250	
CITY-ST-ZIP	02/08/06-80009-001 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*FRED R. Di FRUSCIO* 1/26/06 772 335-8401  
FRED R. Di FRUSCIO

Date

Daytime Phone #