2006 FOR PROFIT CORPORATION ANNUAL REPORT

1 AMES

Secretary of State **DOCUMENT # H12491** 03-13-2006 90084 035 ***150.00 **DECCA REAL ESTATE CORPORATION** Principal Place of Business Mailing Address 11637 SW 90TH TERRACE 11637 SW 90TH TERRACE OCALA, FL 34481 US OCALA, FL 34481 US 50002290 2. Principal Place of Business 3. Mailing Address 10 983 SW 89th ALE 10983 SW 894h Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 CR2E034 (11/05) Chg-P City & State Applied For City & State 4. FEI Number 61 OCAIA 59-2616172 Not Applicable Country MAYION \$8.75 Additional Country Zip 34481 5. Certificate of Status Desired 34481 Fee Required MARION 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GHUMMAN, KULBIR Street Address (P.O. Box Number is Not Acceptable) 11637 SW 90TH TERRACE OCALA, FL 34481 10983 804112 AUR CityOCAIA Zip Code 2 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when renstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Detete TITI F Change GHUMMAN, KULBIR NAME NAME 10983 SW 8946 AVE. 11637 SW 90TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP OCAIA, F1 34481 TITLE ST Detete ПΠЕ Change : Addition NAME **BELL, JAMES A** 10983 SW 89th AVE 11637 SW 90TH TERRACE STREET ADDRESS STREET ADDRESS 34481 CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZIP OCALA. CI AS Oelete Change TITLE TITLE Addition MCELROY, JAMES N III NAME NAME 10983 SW 8944 AVE STREET ADDRESS 11637 SW 90TH TERRACE STREET ADDRESS OCA1A, FI 3448/ CITY-ST-7IP OCALA, FL 34481 CITY-ST-7/P V.P. Priya Chumman TITLE ☐ Delete TITLE ☐ Change Addition MALLEF NAME 10983 SW 89th AVE STREET ADDRESS STREET ADDRESS F١ 3448/ CITY-ST-ZIP CITY-ST-ZIP AIA20 TITLE ☐ Delete TITLE Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1171 F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 apparticachment with an address, with all other like empowered. Sec. (352)854-6210 3-10-06 SIGNATURE BIGNING OFFICER OR DIRECTOR

FILED

Mar 13, 2006 8:00 am