
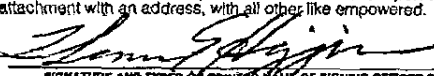


FILED
Mar 24, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
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| DOCUMENT # J78625 | |  |
| 1. Entity Name HIGGINS DECORATING, INCORPORATED | | |
| Principal Place of Business % THOMAS E. HIGGINS 3101 NE 47 CT #603 FORT LAUDERDALE, FL 33308 | | Mailing Address % THOMAS E. HIGGINS 3101 NE 47 CT #603 FORT LAUDERDALE, FL 33308 |
| DO NOT WRITE IN THIS SPACE | | |
| | | 03202006 No Chg-P CR2E034 (11/05) |
| 4. FEI Number 65-0069465 | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HIGGINS, THOMAS E. 3101 NW 47TH CT #603 FORT LAUDERDALE, FL 33308 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | 1000000479472 04/10/06-BUDD5-005 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HIGGINS, THOMAS E. 3101 NE 47TH CT #603 FORT LAUDERDALE, FL 33308 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HIGGINS, HARRIET L. 3101 NE 47TH CT #603 FORT LAUDERDALE, FL 33308 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 3-20-2006 954-7825016 <small>Date Daytime Phone #</small> |