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ANNUAL REPORT			Sep 07, 2007 08:00			
DOCUMENT # K24017 1. Entity Name DECCO INTERNATIONAL, INC.				S	Secretai	ry of Sta
Principal Place of Business 2610 N.E. 43RD STREET LIGHTHOUSE POINT, FL 33064 US	Mailing Address 2610 N.E. 43RD STREET LIGHTHOUSE POINT, FL 3306	4 US				事作業引 雑3集行業第6 41 (前域)
		1				
DO NOT WOITE	IN THIS SDA	^=	08302007	No Chg-P	CR2E034 (1	1/05)
DO NOT WRITE IN THIS SPACE		UE.	4. FEI Numb			Applied For
				e of Status Desired	\$8.7	Not Applicable 5 Additional
6. Name and Address of Current R	eniciared Anent		3. Consider	o or oraces bearing	Fee F	tequired
CURTIS, DOUGLAS E PRES 2610 NE 43RD ST LIGHTHOUSE POINT, FL 33064	DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and		ed office or registe	_	oth, in the State of Flo	orida. I am familia	ar with, and accept
	\$10.12 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	a - garit aignature reduser	- Herest and state (5)	_	υn·ε	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	 Election Campaign Finar Trust Fund Contribution. 		.00 May Be led to Fees	U00000 - 09/07/07)773637 -80007-021	550.00
10. OFFICERS AND D	IRECTORS				,,,,,,,	
NAME CURTIS, DOUGLAS E.						
STREET ADDRESS 2610 N.E. 43RD STREET						
CITY-ST-ZIP LIGHTHOUSE POINT, FL						
INLE						
NAME CORET ADDRESS						
STREET ADDRESS CITY - ST - ZIP						

DO NOT WRITE IN THIS SPACE

12. Thereby 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:

TITLE NAME STREET ACCRESS

NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

SIGNATURE AND THE DOM PRINTED NAME OF SIGNING OFFICER OR DIRECTOR