2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 23, 2006 08:00 AN DOCUMENT # K74911 **Secretary of State** 1. Entity Name .DECIMAL, INC. Principal Place of Business Mailing Address C/O RICHARD LYLE SWEAT C/O RICHARD LYLE SWEAT 2651 N DESIGN COURT 2651 N DESIGN COURT SANFORD, FL 32773 SANFORD, FL 32773 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2958395 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SWEAT, RICHARD LYLE DO NOT WRITE 1410 E BARTON ST LONGWOOD, FL 32750 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. Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000395640 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 01/26/06-80058-020 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE Р SWEAT, RICHARD LYLE NAME 1410 E BARTON ST STREET ADDRESS LONGWOOD, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI E NAME STREET ADDRESS

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 an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Daytime Phone #