


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**


03-25-2005 90030 016 \*\*\*150.00

<b>DOCUMENT # K78492</b>	
1. Entity Name <b>CEILINGS OF DISTINCTION, INC.</b>	

Principal Place of Business <b>8910 BLACKBIRD LANE N.W. THORNVILLE, OH 43076-8902 US</b>	Mailing Address <b>8910 BLACKBIRD LANE N.W. THORNVILLE, OH 43076-8902 US</b>
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2. Principal Place of Business <b>141 Lakeview Dr</b>	3. Mailing Address <b>P O Box 442</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Thornville Ohio</b>	City & State <b>Thornville Ohio</b>
Zip <b>43076</b>	Zip <b>43076-0442</b>
Country <b>USA</b>	Country <b>USA</b>

	
03202005	Chg-P CR2E034 (10/03)
4. FEI Number <b>59-2945986</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TAVENNER, VONDA 2522 DERBY DRIVE DELTONA, FL 32738</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, PAUL G 8910 BLACKBIRD LANE N.W. THORNVILLE, OH 430768902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>141 Lakeview Dr / P O Box 442 Thornville, Ohio 43076-0442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, MARY F 8910 BLACKBIRD LANE N.W. THORNVILLE, OH 430768902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>141 Lakeview Dr / P O Box 442 Thornville, OH 43076-0442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Frances Smith Sec. Treas.*  
*Frances Smith*

**3-18-05**