## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M20738

FILED Apr 30, 2005 Secretary of State

Entity Name: ANGEL'S DECORATOR SERVICE, INC.

urrent P	Principal Place of Business:	New Principal Place of Business:
	VOOD DRIVE ELBOURNE, FL 32904 US	
urrent N	Nailing Address:	New Mailing Address:
75 FERN VAYNES	N TRAIL VILLE, NC 28786 US	76 EAST STREET WAYNESVILLE, NC 28786 US
El Number	r: 59-2596024 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
lame and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
NGEL, R 21 OAKV	ROBIN WOOD DRIVE	
VEST ME	ELBOURNE, FL 32904 US	
he above	ELBOURNE, FL 32904 US	the purpose of changing its registered office or registered agent, or both,
he above	ELBOURNE, FL 32904 US e named entity submits this statement for e of Florida. RE:	
the above the Stat	e named entity submits this statement force of Florida.  RE:  Electronic Signature of Registered	d Agent Date
he above the Stat GNATU	e named entity submits this statement force of Florida.  RE:  Electronic Signature of Registered impaign Financing Trust Fund Contribution ( )	d Agent Date
he above the Stat GNATU	e named entity submits this statement force of Florida.  RE:  Electronic Signature of Registered	d Agent Date
he above the Stat  GNATU  Jection Ca  FFICER  tte: ame: ddress:	e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered sumpaign Financing Trust Fund Contribution ( )  S AND DIRECTORS:  P ( ) Delete ANGEL, ROBIN, 221 OAKWOOD DRIVE	d Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN ANGEL P 04/30/2005