## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000046453

Address:

City-St-Zip:

Entity Name: A DECORATOR'S TOUCH, INC.

FILED Mar 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** A DECORATOR'S TOUCH INC. 493 BECKRICH RD. PANAMA CITY BEACH, FL 32407 **New Mailing Address: Current Mailing Address:** A DECORATOR'S TOUCH INC. 493 BECKRICH RD. PANAMA CITY BEACH, FL 32407 FEI Number: 59-3675799 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNEIDER, CHARLENE C 108 COLONY BAY HARBOUR DRIVE PANAMA CITY BEACH, FL 32407 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHNEIDER, CHARLENE C Name: Name: 108 COLONY BAY HARBOUR DRIVE Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: Title: VSTD () Delete Title: **VSTD** (X) Change ( ) Addition Name: MCLELLAND, CONNIE T Name: SCHNEIDER, CHRIS R POST OFFICE BOX 27668 N/A 108 COLONY BAY HARBOUR DR Address: Address: PANAMA CITY, FL 32411 PANAMA CITY BEACH, FL 32407 City-St-Zip: City-St-Zip: Title: SEC Title: () Delete ( ) Change (X) Addition Name: WEDDINGTON, CHRISTIE Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHARLENE C SCHNEIDER PD 03/31/2005

7940 FRONT BEACH RD PMB102

PANAMA CITY BEACH, FL 32407