

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000076163

1. Entity Name  
DECORATIVE FINISHING CORP.



**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90203 036 \*\*\*150.00

40067289



01252006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-1123950

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BURGESS, MOSES  
311 LAS PALMAS ST.  
ROYAL PALM BEACH, FL 33411

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BURGESS, MOSES  
STREET ADDRESS 311 LAS PALMAS ST.  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE VD  
NAME BURGESS, KAREN  
STREET ADDRESS 311 LAS PALMAS ST.  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby 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: *Karen Burgess* KAREN BURGESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06

Date

Daytime Phone #