

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90054 044 \*\*\*150.00

<b>DOCUMENT # P01000097315</b>					
<b>1. Entity Name</b> ORIENTAL DECOR OUTLET INC.					
<b>Principal Place of Business</b> 9250 E. FOWLER AVE. THONOTOSASSA, FL 33592			<b>Mailing Address</b> <b>PRESIDENT</b> <b>THOMAS, GINA</b> <b>1111 NORTH GULF STREAM AVE</b> <b>SARASOTA, FL 34236</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. SARASOTA, FL 34236</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03052008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 65-1146294				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  THOMAS, GINA 474 KNIGHT DR TARPON SPRINGS, FL 34689			<b>7. Name and Address of New Registered Agent</b> Name <b>PRESIDENT THOMAS, GINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 NORTH GULF STREAM AVE. # 11E</b> <b>SARASOTA, FLORIDA 34236</b> City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, GINA 474 KNIGHT DR. TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS, GINA 1111 NORTH GULF STREAM AVE. # 11E SARASOTA, FLORIDA 34236	<input checked="" 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
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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
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____    Daytime Phone # _____		

3-8-08