

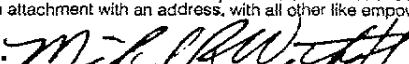


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000037850			
1. Entity Name WEST-MOR DECORATING, INC.			
Principal Place of Business 122 IVANHOE DR ORMOND BCH, FL 32176	Mailing Address 122 IVANHOE DR ORMOND BCH, FL 32176		
DO NOT WRITE IN THIS SPACE			
		04192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 30-0086112	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTHOFF, CHRISTINA L 122 IVANHOE DR ORMOND BCH, FL 32176		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE J000000335970 04/27/05-80106-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESTHOFF, CHRISTINA L 122 IVANHOE DR ORMOND BCH, FL 32176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WESTHOFF, MICHAEL R 122 IVANHOE DR ORMOND BEACH, FL 32176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	