

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066587

Entity Name: DECO MARKETING, INC.

FILED
Jul 12, 2006
Secretary of State

Current Principal Place of Business:

1602 GOVERNORS DR
SUITE 2721
PENSACOLA, FL 32514

New Principal Place of Business:

2962 WEST FIELD RD
GULF BREEZE, FL 32563

Current Mailing Address:

1602 GOVERNORS DR
SUITE 2721
PENSACOLA, FL 32514

New Mailing Address:

2962 WEST FIELD RD
GULF BREEZE, FL 32563

FEI Number: 55-0837203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAATS, KATHLEEN E
1602 GOVERNORS DR
SUITE 2721
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAATS, KATHLEEN E
Address: 22160 SOLIO CIRCLE WEST
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: DALE, FLEWELLYN
Address: 1215 CEYLON DR
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DALE FLEWELLYN

PRES

07/12/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date