

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90047 019 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000106749			
1. Entity Name DECORATORS SOCIETY OF AMERICA, INC			
Principal Place of Business 5255 COLLINS AVE #10E MIAMI BEACH, FL 33140		Mailing Address 5255 COLLINS AVE #10E MIAMI BEACH, FL 33140	
2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1204945		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNTS, NATASHA 5255 COLLINS AVE #10E MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Gelber and Company Street Address (P.O. Box Number is Not Acceptable) 11450 Interchg Cir N City Miramar FL 33025	
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 Darlene A. Rogers, CPA DATE 7/18/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
 FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CONLEY, ANA MARIA SEC 6235 PINETREE DR. MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES YOUNTS, NATASHA PRES 5255 COLLINS AVENUE 10E MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 N changed, or on an attachment with an address, with all other like employment.			
SIGNATURE: NA 		Date 7/07/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	