

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112371

Entity Name: DECORATIVE FENCING, INC.

FILED  
Sep 05, 2006  
Secretary of State

## Current Principal Place of Business:

1731 FERN PALM  
1D  
EDGEWATER, FL 32132

## New Principal Place of Business:

## Current Mailing Address:

1731 FERN PALM DR  
EDGEWATER, FL 32132

## New Mailing Address:

FEI Number: 57-1193271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, WALTER  
1731 FERN PALM DR  
EDGEWATER, FL 32132 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: PD ( ) Delete  
Name: MILLS, WALTER  
Address: 1731 FERN PALM DR  
City-St-Zip: EDGEWATER, FL 32132

Title: DV ( ) Delete  
Name: LAUGHTER, JOSEPH  
Address: 1731 FERN PALM DR  
City-St-Zip: EDGEWATER, FL 32132

Title: DST ( ) Delete  
Name: MILLS, YVONNE  
Address: 1731 FERN PALM DR  
City-St-Zip: EDGEWATER, FL 32132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WALTER MILLS

PD

09/05/2006

Electronic Signature of Signing Officer or Director

Date