

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90110 030 \*\*\*150.00

**DOCUMENT # P03000129701**

1. Entity Name  
**DECORATORS DEPOT, INC.**



Principal Place of Business  
**5858 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33484**

Mailing Address  
**5858 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33484**

2. Principal Place of Business  
**1201 N. STATE RD. 7  
Suite, Apt. #, etc.  
A 2185**

3. Mailing Address  
**PO Box 210333  
Suite, Apt. #, etc.**

City & State  
**ROYAL PALM BCH FL.**  
Zip  
**33411**  
Country  
**USA**

City & State  
**ROYAL PALM BCH FL.**  
Zip  
**33421**  
Country  
**USA**

04132006 Chg-P CR2E034 (11/05)

4. FEI Number  
**06-1713026**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHEEL, GAIL M  
170 LOQUAT TREE DR.  
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name  
**KAREN A. RIDDLE**  
Street Address (P.O. Box Number is Not Acceptable)  
**10199 CYPRESS LAKES PRESERVE DR.**  
City  
**LAKE WORTH** FL Zip Code  
**33407**

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  
**Karen Riddle**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P FERRARO, JOSEPH T  
1801 N. FLAGLER DRIVE #606  
WEST PALM BEACH, FL 33401** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST BERGMANN, REGINA M  
1744 BREAKERS WEST  
WEST PALM BEACH, FL 33411** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D BERGMANN, REGINA M.  
1744 BREAKERS WEST BLVD  
WEST PALM BCH FL 33411** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  
**Regina Bergmann**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/06** (561) 236 9552  
Date Daytime Phone #