FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90423 016 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000088790

1. Entity Name
BLUE RIDGE FASHION DECOR & DESIGN, INC.

40080035

Principal Place of Business	Mailing Address
~~201 CESSNA BLVD SUITE 4~~	~~201 CESSNA BLVD SUITE 4~~
~~PORT ORANGE, FL 32128~~	~~PORT ORANGE, FL 32128~~

2. Principal Place of Business	3. Mailing Address
220 S. RIDGEWOOD AV	220 S RIDGEWOOD AV
Suite, Apt. #, etc. SUITE 250	Suite, Apt. #, etc. SUITE 250
City & State DAYTONA BCH FL	City & State DAYTONA BCH FL
Zip FL Country USA	Zip 32114 Country USA

04242006 Chg-P CR2E034 (11/05)

4. FEI Number 92-0186927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZENTER, THEODORE E
~~201 CESSNA BLVD SUITE~~ 4
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 220 S RIDGEWOOD AV
SUITE 250
City DAYTONA BCH FL Zip Code 32114

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZENTER, LEONA	NAME	
STREET ADDRESS	~~201 CESSNA BLVD SUITE~~ 4	STREET ADDRESS	220 S. RIDGEWOOD AVE #250
CITY-ST-ZIP	~~PORT ORANGE, FL 32128~~	CITY-ST-ZIP	DAYTONA BCH FL 32114
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Leona E Zentner 4-24-2006 386-252-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #