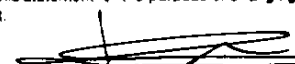
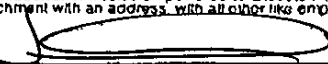


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90088 004 ***150.00

DOCUMENT # P04000103745			
1. Entity Name UNIQUE DECOR, INC.			
Principal Place of Business 15000 SAVANNAH DRIVE NAPLES, FL 34119		Mailing Address 15000 SAVANNAH DRIVE NAPLES, FL 34119	
2. Principal Place of Business 27180 BAY LANDING DR.		3. Mailing Address	
Suite, Apt. #, etc. Ste. # 4		Suite, Apt. #, etc.	
City & State Bonita Springs FL		City & State	
Zip 34135	Country USA	Zip	Country
4. Name and Address of Current Registered Agent IRWIN, JONATHAN C 15000 SAVANNAH DRIVE NAPLES, FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 5/1/05	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		10. FILE NOW!! FEE IS \$550.00 Due by September 7, 2005	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D IRWIN, JONATHAN C 15000 SAVANNAH DRIVE NAPLES, FL 34119 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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 exemption stated in Section 119.07(3)(1), 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 this name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 5/1/05 239-354-1212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	