

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002069

FILED
Apr 30, 2008
Secretary of State

Entity Name: DECORBRITT DESIGN CONSTRUCTION, INC.

Current Principal Place of Business:

209 DAKOTA AVE.
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

209 DAKOTA AVE.
ST. CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 65-1238905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAMARA, DAVID
169 WHITE BIRCH DR
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

MCNAMARA, DAVID
209 DAKOTA AVE
ST CLOUD, FL 34769 US

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: DAVID B MCNAMARA

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCNAMARA, DAVID
Address: 169 WHITE BIRCH DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: VD () Delete
Name: PORTER, STEVEN
Address: 4680 BROKEN WHEEL BARREL LANE
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: MCNAMARA, DEREK C
Address: 169 WHITE BIRCH DR
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCNAMARA, DAVID
Address: 209 DAKOTA AVE
City-St-Zip: ST CLOUD, FL 34769

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

Title: S (X) Change () Addition
Name: MCNAMARA, DEREK C
Address: 209 DAKOTA AVE
City-St-Zip: ST CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify 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: DAVID B MCNAMARA

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date