2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P05000063363 04-11-2007 90019 013 ***150.00 CALIFORNIA DECOR COMPANY Principal Place of Business Mailing Address 4880 SOUTH TAMIAMI TRAIL SARASOTA FL 34231 4880 SOUTH TAMIAMI TRAIL SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 11-3748987 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELBRECHT, RAYMOND F 2006 54TH STREET, WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** City 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed harne of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Elbrecht Laymond F D Change Addition ш FILLE ☐ Delete ELBRECHT, RAYMOND F 1880 SO Tamiani TRAIL Business Sara Sota 7/ 3423/ Addition Elbrecht Dione L Change Addition NAME 2006 54TH STREET, WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CHY ST ZIP CITY ST ZIP TITLE Defete ELBRECHT, DIANE L NAMI 4880 SO Tomani TRail Business Sarasota 71 34231 Addiss 2006 54TH STREET, WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY+S1-7IP CITY ST 7IP Q. Defeto FORE NAME NAMI STREET ADDRESS STREET ADDRESS CHY+ST-ZIP CHY SI ZIP HILL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY SE ZIP HILL ☐ Delete THE ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY SL 7/P THUE ☐ Defete TITLE Change Addition NAME NAME STRUCT ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CITY ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

923 1903