2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 05, 2007
Secretary of State

DOCUMENT# P05000076866

Entity Name: ARTISTIC INTERIOR DECOR, INC.

Current Principal Place of Business:

3781 SW SWOPE STREET
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9518
PORT SAINT LUCIE, FL 34985

New Mailing Address:

FEI Number: 20-4155656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOCELLA, ADRIANA L
3781 SW SWOPE STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACOCELLA, ANDRE
Address: 3781 SW SWOPE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete
Name: ACOCELLA, ADRIANA
Address: 3781 SW SWOPE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ACOCELLA, ANDRE
Address: P.O. BOX 9518
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: VP (X) Change ( ) Addition
Name: ACOCELLA, ADRIANA
Address: P.O. BOX 9518
City-St-Zip: PORT SAINT LUCIE, FL 34985

Title: S ( ) Change (X) Addition
Name: SALTRESE, JOHN
Address: P.O. BOX 9518
City-St-Zip: PORT SAINT LUCIE, FL 34985

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: ADRIANA L. ACOCELLA VP 11/05/2007

Electronic Signature of Signing Officer or Director — Date