

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090272

Entity Name: DECADENCE, INC.

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

148 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

P.O. BOX 8226
PORT ST. LUCIE, FL 34985-822 US

Current Mailing Address:

148 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

P.O. BOX 8226
PORT ST. LUCIE, FL 34985-822 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLARD, KALINTHIA R ESQ.
ONE NORTH CLEMATIS STREET
#500
WEST PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MEDOR, ME'CHELLE
Address: 148 SW PAAR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VPD (X) Delete
Name: MIRANDA, RAYMOND
Address: 148 SW PAAR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VPD () Delete
Name: MIRANDA, RICHARD
Address: 148 SW PAAR DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MEDOR, ME'CHELLE
Address: P.O. BOX 8226
City-St-Zip: PORT ST. LUCIE, FL 34985-822 US

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

Title: VPD (X) Change () Addition
Name: MIRANDA, RICHARD
Address: P.O. BOX 8226
City-St-Zip: PORT ST. LUCIE, FL 34985-822 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ME'CHELLE MEDOR

PSTD

09/05/2006

Electronic Signature of Signing Officer or Director

Date