2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000101297

1. Entity Name
DECOR ALL SOLUTIONS INC.

Principal Place of Business	Mailing Address
2221-C NORTH FORSYTH ROAD	2221-C NORTH FORSYTH ROAD
ORLANDO, FL 32807	ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE

01222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3171936	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LADAK, MUMTAZ
323 NEEDLES TRAIL
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 1/22/2002

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000799308
01/30/08-80063-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	LADAK, MUMTAZ
STREET ADDRESS	323 NEEDLES TRAIL
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   1/22/07   407-657-8672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #