

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000022097	
1. Entity Name ALL TOGETHER HOME DECOR, INC.	



FILED  
00 SEP 23 AM 8:28  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 214 WEST BAY DRIVE A LARGO, FL 33770 US	Mailing Address 16416 U.S. HWY 19TH N #1907 CLEARWATER, FL 33764 US
--	--

2. Principal Place of Business - No P.O. Box # 198 WEST BAY DRIVE	3. Mailing Address Suite, Apt. #, etc.
--	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State LARGO FL	City & State
--------------------------	--------------

Zip 33770	Country USA	Zip	Country
--------------	----------------	-----	---------

08202008 Chg-P CR2E034 (12/06)

4. FEI Number 562629234	Applied For Not Applicable
----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CURRAN, SEAN 214 WEST BAY DRIVE A LARGO, FL 33770	
---	--

7. Name and Address of New Registered Agent Name CURRAN, SEAN Street Address (P.O. Box Number is Not Acceptable) 198 WEST BAY DR City LARGO FL Zip Code 33770	
---	--

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: Sean Curran Sean Curran VP 8/20/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARNSTEDT, DREW 16416 U.S. HWY 19 N #1907 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500136386195 09/26/08--01045--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRAN, SEAN J 16416 U.S. HWY 19TH N #1907 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP MARTINEZ, MICHAEL E 16416 U.S. HWY 19TH N #1907 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael E Martinez Michael E Martinez 8/20/08 727 6410997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #