
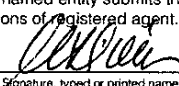
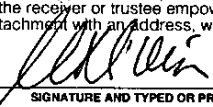


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90289 005 ***150.00

DOCUMENT # P93000045753 1. Entity Name HOME DECOR SUPPLY, INC.					
Principal Place of Business 201 E OCEAN AVE #1 LANTANA, FL 33462 US			Mailing Address 201 E OCEAN AVE #1 LANTANA, FL 33462 US		
2. Principal Place of Business 820 S. Lake Dr. Suite, Apt. #, etc.		3. Mailing Address 820 S. Lake Dr. Suite, Apt. #, etc.			
City & State Lantana, FL Zip 33462 Country US		City & State Lantana, FL Zip 33462 Country US		4. FEI Number 65-0429477	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARJA LEENA, SIVEN 201 E OCEAN AVE LANTANA, FL 33462			7. Name and Address of New Registered Agent Name Marja-Leena Siven Street Address (P.O. Box Number is Not Acceptable) 820 S. Lake Dr. City Lantana FL Zip Code 33462		
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  MARJA-LEENA SIVEN SECRETARY (NOTE: Registered Agent signature required when reissuing) DATE 04/19/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S NAME MARJA-LEENA, SIVEN STREET ADDRESS 820 S LAKE DR CITY-ST-ZIP LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME SIVEN, KIMMO STREET ADDRESS 820 S LAKE DR CITY-ST-ZIP LANTANA, FL 33462	<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 exemption stated in Section 119.07(3)(i), 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:  MARJA-LEENA SIVEN, SECRETARY 04/19/05 561-588-4057 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					