



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P93000078044	
1. Entity Name DESIGN DECORATING OF ORLANDO, INC.	

Principal Place of Business 6111 LINNEAL BEACH DR. APOPKA, FL 32703	Mailing Address 6111 LINNEAL BEACH DR. APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE

	
04142008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-3209913	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

**KAPLAN, DAVID A
6111 LINNEAL BEACH DR.
APOPKA, FL 32703**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000903017 04/30/08-80029-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAPLAN, DAVID A 6111 LINNEAL BEACH DR. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KAPLAN, NANCY H 6111 LINNEAL BEACH DR. APOPKA, FL 32703
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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: Nancy Kaplan Nancy Kaplan 4/14/08 407-292-8231

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