



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P94000014868	
1. Entity Name JADE HOME DECOR INC.	

Principal Place of Business 2721 VISTA PARKWAY SUITE C-8 WEST PALM BEACH, FL 33411	Mailing Address 2721 VISTA PARKWAY SUITE C-8 WEST PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE

	
02132007	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0416602	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

**CLAPPI, JOHN
9309 EL PASO DRIVE
LAKE WORTH, FL 33467**

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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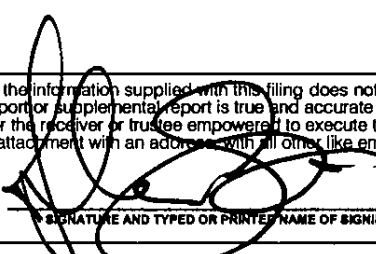
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAPPI, JOHN 9309 EL PASO DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAN, ROBERT 8569 YEARLING DR LAKE WORTH, FL 334671175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORAN, KATHRYN 8569 YEARLING DR LAKE WORTH, FL 334671175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAPPI, DEBORAH 9309 EL PASO DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80055-014 150.00

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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:  **JOHN CLAPPI** **4-10-07** **561-686-0949**

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