

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014868

Entity Name: JADE HOME DECOR INC.

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

2721 VISTA PARKWAY
SUITE C-8
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

2721 VISTA PARKWAY
SUITE C-8
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0416602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAPPI, JOHN
Address: 9309 EL PASO DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: MORAN, ROBERT
Address: 8569 YEARLING DR
City-St-Zip: LAKE WORTH, FL 334671175

Title: T () Delete
Name: MORAN, KATHRYN
Address: 8569 YEARLING DR
City-St-Zip: LAKE WORTH, FL 334671175

Title: S () Delete
Name: CLAPPI, DEBORAH
Address: 9309 EL PASO DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CLAPPI

PD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date