FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400048

GLOBAL REDECORATION, INC.



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90388 001 ***150.00 04-29-2004 90388 002 *****8.75

DO NOT WRITE IN THIS SPACE

66416759 2. Principal Place of Business 3. Mailing Address 9845 THREE LAKES CIRCLE 9845 THREE LAKES CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 16 City & State City & State 4. FEI Number FLORIDA BOCA RATON, FLORIDA 65-0496394 BOCA RATON 5. Certificate of Status Desired 33428 USA DO NOT WRITE

IN THIS SPACE

	7. Name and Address of Current Registered Agent	
Name	JACK LEE DEVRIES JR	
Street A	Address (P.O. Box Number is Not Acceptable)	

9845 THREE LAKES CIRCLE 1G

BOCA RATION

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.

agent and title if applicat

JACK L. DEVRIES JR

PRESIDENT

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS PRESIDENT TITLE TITLE JACK LEE DEVRIES JR. NAME NAME 9845 THREE LAKES CIRCLE 16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL. 33428 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowere

SIGNATURE:

CR2E034B (12/02)