## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 16, 2007 08:00 AN Secretary of State DOCUMENT # P94000048429 1. Entity Namo GLOBAL REDECORATION, INC. Principal Placo of Business Mailing Address 9845 THREE LAKES CIRCLE 9845 THREE LAKES CIRCLE **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 65-0496394 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEVRIES, JACK L JR Street Address (P.O. Box Number is Not Acceptable) 9845 THREE LAKES CIRCLE 1-G **BOCA RATON FL 33428** Zip Code 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition ☐ Change Delete TITLE TITLE DE VRIES, JACK L JR NAME NAME 9845 THREE LAKES CIRCLE 1 G STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-S1-ZIP CITY+ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE DILE \_\_\_\_U00000712221\_\_\_\_ 04/26/07-80039-009 158.75 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP [ ] Change Addilion ☐ Delete THILE HILLE NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-SI-ZIP ☐ Change ☐ Addition Detete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Addition ☐ Change Delete TITLE HILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath, 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 ampowered.

SIGNATURE: Jack & Chang. Pres. Jack L DEVRIES JR 4/9/2007 561,929,3829