

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058257

FILED
Jan 11, 2006
Secretary of State

Entity Name: DECORATING CONCEPTS, INC.

Current Principal Place of Business:

P.O.BOX 2029
NOKOMIS, FL 342742029 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2029
NOKOMIS, FL 342742029 US

New Mailing Address:

FEI Number: 65-0509572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 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: P () Delete
Name: SARNOWSKI, CHESTER
Address: 527 US 41 NORTH BY-PASS
City-St-Zip: VENICE, FL 34285

Title: CEO () Delete
Name: CORGAN, SHERYL
Address: 527 US 41 NORTH BY-PASS
City-St-Zip: VENICE, FL 34285

Title: S () Delete
Name: SAUNDERS, SANDY
Address: 527 US 41 NORTH BY-PASS
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: MIKESELL, SUSAN
Address: 527 US 41 NORTH BY-PASS
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: ROSE, STACY
Address: 527 US 41 NORTH BY-PASS
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SARNOWSKI, CHESTER
Address: P.O. BOX 2029
City-St-Zip: NOKOMIS, FL 34274

Title: T (X) Change () Addition
Name: CORGAN, SHERYL
Address: P.O. BOX 2029
City-St-Zip: NOKOMIS, FL 34274

Title: S (X) Change () Addition
Name: SAUNDERS, SANDY
Address: P.O. BOX 2029
City-St-Zip: NOKOMIS, FL 34274

Title: VP (X) Change () Addition
Name: MIKESELL, SUSAN
Address: P.O. BOX 2029
City-St-Zip: NOKOMIS, FL 34274

Title: VP (X) Change () Addition
Name: ROSE, STACY
Address: P.O. BOX 2029
City-St-Zip: NOKOMIS, FL 34274

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERYL CORGAN

T

01/11/2006

Electronic Signature of Signing Officer or Director

Date