2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

Pincipal Place of Business	DOCUMENT # P9800001694 1. Entity Name THINGS ALL DECKED OUT, INC.							02-27-2006 9	0045 023	3 ***150	.00
Suite, Apt. #, etc. Suite, Apt. #, etc. Q2182006 ChgP CR2E034 (11/05)	111 B SW 23RD STREET POST OFFICE						1,125(125) (10.1				
City & State City & State City & State City & State S	2. Principal Place of Business			3. Mailing Address							
Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.		02162006	Chg-P	CR2E0	34 (11/05)		
S. Kernicale of Status Desired Fee Required Fee	City & State			City & State						<u> </u>	
Name	Zip Country		Zip	Country		5. Certificate of	Status Desired				
COLLINS, MEREDITH 228 SW 83RD WAY, #208 PEMBROKE PINES, FL 33025 City FL Zip Code Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent, of the familiar with and accept the familiar with, and accept the familiar with and accept the famili		6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New R	egistered A	gent	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, hond or prised review of implication of implication agent and title if applicable DOTE Registered Agent bignature reviewd when revisitation	228 SW 83RD WAY, #208										
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	PEMBRO	KE PINES,	, FL 33025			Ciby				Zin Cod	
SIGNATURE TILE NOWILI FEE IS \$150.00 P. Election Campaign Financing S5.00 May Be Added to Fees Trust Fund Contribution. Addition Name Trust Fund Contribution. Addition Trust Fund Contribution. Trust Fund Contrib									:		
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After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE COCKERELL, CHRISTOPHER G Defete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Defete TITLE CHange Addition NAME STREET ADDRESS CITY-ST-2IP TITLE COMPANDED CITY-ST-2IP TITLE	SIGNATURE	Signature, typed	or printed name of registered agent	t and title if applicable. (NO)TE: Registere	d Agent signature require	od when reinstating)		DATE		
TITLE NAME COCKERELL, CHRISTOPHER G STREET STREET ADDRESS CITY-ST-ZP FT LAUDERDALE, FL 33315 TITLE NAME STREET ADDRESS CITY							1				
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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 appropried.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR