2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM

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1. Entity Nan	MENT # P98000027 ational decorator supi			Secret	ary of State	
Principal Place of Business 9404 VONN ROAD SEMINOLE, FL 33776		Mailing Address 9404 VONN ROAD SEMINOLE, FL 33776		-	886 (1811 (1814) 887) 887 (1814) 887 (1814)	
E	OO NOT WRITE	CE	03072005 No Chg-P CR2E034 (10/03) 4. FEI Number			
6. Name and Address of Current Registered Agent BEACH, DONALD JEAN 9404 VONN ROAD SEMINOLE, FL 33776 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.			DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE Signature, typed of partial name of registered agent and little (I applicable (NOTE. Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing S5.00 May Be Added to Fees						NE .
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE D WIGGINS, EDMUND 5774 57TH AVE. NORTH ST PETERSBURG, FL 33709 D BEACH, DONALD JEAN	RECTORS		03/	U0000026420 16/05-80000	09 5-010 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9404 VONN ROAD SEMINOLE, FL 33776	·		DO NO	T WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPAC	E
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

SIGNATURE: DOWARD J. GEACH PRESIDENT NO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR