2008 FOR PROFIT CORPORATION

FILED Feb 06, 2008 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P98000002701** 1. Entity Name INTERNATIONAL DECORATOR SUPPLY COMPANY Principal Place of Business Mailing Address 9404 VONN ROAD 9404 VONN ROAD SEMINOLE, FL 33776 SEMINOLE, FL 33776 No Chg-P CR2E034 (11/05) 01222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0811815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BEACH, DONALD JEAN DO NOT WRITE 9404 VONN ROAD SEMINOLE, FL 33776 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WIGGINS, EDMUND NAME STREET ADDRESS 5774 57TH AVE. NORTH ST PETERSBURG, FL 33709 CITY-ST-ZIP TITLE BEACH, DONALD JEAN NAME 9404 VONN ROAD STREET ADDRESS CITY-ST-7IP SEMINOLE, FL 33776 TITLE NAME STREET ADDRESS DO NOT WRITE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 any address, with all other the empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAMÉ STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE