

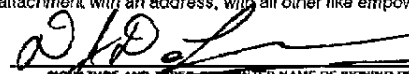


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000017785		
1. Entity Name DECO, INC.		
Principal Place of Business 2900 W SAMPLE RD POMPANO BEACH, FL 33073	Mailing Address P.O. BOX 970247 BOCA RATON, FL 33497	
DO NOT WRITE IN THIS SPACE		
		 04012006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0834022		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DELUCA, DOUGLAS 12052 QUILTING LANE BOCA RATON, FL 33428		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELUCA, DOUGLAS 12052 QUILTING LANE BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DELUCA, EILEEN 12052 QUILTING LANE BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.		
SIGNATURE: 		4/4/06 561-271-5763
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #