2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2006 08:00 AM **DOCUMENT # P98000105469 Secretary of State** 1. Entity Name NANCY MCNALLY DECORATIVE COLLECTIONS, INC. Principal Place of Business Mailing Address 624 GARDENIA TERRACE DELRAY BEACH FL 33444 624 GARDENIA TERRACE DELRAY BEACH FL 33444 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0898708 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCNALLY, NANCY P Street Address (P.O. Box Number is Not Acceptable) **624 GARDENIA TERRACE** DELRAY BEACH FL 33444 City 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 roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD ☐ Defete TITLE Change Additio MAME NAME MCNALLY, NANCY P U00000415682 STREET ADDRESS 624 GARDENIA TERRACE STREET ADDRESS 02/11/06-80089-015 150.00 DELRAY BEACH FL 33444 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change T Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Addis TITLE ☐ Oelete TITLE Change Change NAME NAME_ STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Adding NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Action NAME : NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition. TILLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Many Puttes M Mally

1/30/06 561-272-3203

FILED