


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 A.M**  
**Secretary of State**

1. Entity Name <b>ADORNED HOUSE, INC.</b> <b>P 99000082274</b>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3229 INDIAN TRAIL</b> Suite, Apt. #, etc. <b>EUSTIS FL</b> City & State <b>32726 U.S.A.</b> Zip Country	3. Mailing Address <b>3229 INDIAN TRAIL</b> Suite, Apt. #, etc. <b>EUSTIS FL</b> City & State <b>32726 USA</b> Zip Country
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>59-3599319</b>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b>	
	7. Name and Address of Current Registered Agent	
	Name <b>SPIEGEL &amp; UTRERA, PA.</b> Street Address (P.O. Box Number is Not Acceptable) <b>343 ALMERIA AVE</b> <b>CORAL GABLES,</b> City <b>FL</b> Zip Code <b>33134</b>	

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)

DATE

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution, ☐ **\$5.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GAMAIN, PHILIPPE 3229 INDIAN TRAIL EUSTIS FL 32726</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADORNED HOUSE, INC. 3229 INDIAN TRAIL EUSTIS FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GAMAIN, HEIDI 3229 INDIAN TRAIL EUSTIS FL 32726</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PHILIPPE M. GAMAIN**

Date

**03/17/2003**

**(352) 988-3653**  
**(352) 357-7912**

Daytime Phone #

CR2E034B (12/02)