## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Jul 03, 2007 08:00 AM **DOCUMENT # V51441 Secretary of State** 1. Entity Name DECA DESIGN, INC. Principal Place of Business Mailing Address 2306 SW 13TH STREET 2306 SW 13TH STREET **STE 1107** STE 1107 GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 US 07022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3133138 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DECARLIS, NICHOLAS P. DO NOT WRITE 2306 SW 13TH STREET **STE 1107** IN THIS SPACE GAINESVILLE, FL 32608 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PTS DECARLIS, NICHOLAS P** NAME STREET ADDRESS 2306 SW 13TH ST #1107 CITY-ST-ZIP GAINESVILLE, FL 32608 000000766820 07/03/07-80002-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP THLE 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR