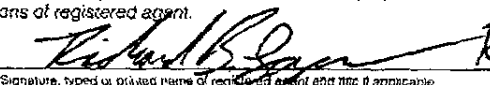
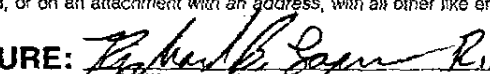


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # V52713					
1. Entity Name EXTERIOR DECORATORS OF BREVARD INC.					
Principal Place of Business 479 KENNETH DR. MELBOURNE FL 32935			Mailing Address 479 KENNETH DR. MELBOURNE FL 32935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3133814	
5. Certificate of Status Desired ☐				Applied For Not Applied	
6. Name and Address of Current Registered Agent LOPER, RICHARD B. 479 KENNETH DR. MELBOURNE FL 32935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Richard B. Loper pres. April 17, 2006 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	LOPER, RICHARD B		NAME		
STREET ADDRESS	479 KENNETH DR.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Add
NAME	LOPER, DAVID C III		NAME		
STREET ADDRESS	479 KENNETH DR.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
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:  Richard B. Loper pres. April 17, 2006 321/426: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



1st MOORE CR2E034 (10/05)

59-3133814

\$8.75 Additional
Fee Required

FL Zip Code

April 17, 2006

\$5.00 May
Added to Fee

U00000523112
05/03/06-80060-001 150.00

☐ Change ☐ Add

321/426: