

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000024152
 1. Entity Name
 438 DECOPLAGE Inc



FILED
 2011 JUL 11 AM 10:55
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
 DECOPLAGE
 Suite, Apt. #, etc.
 #1438
 City & State
 MIAMI FLORIDA
 Zip
 33139
 Country
 USA

3. Mailing Address
 61 COLE PARK ROAD
 Suite, Apt. #, etc.
 TWICKENHAM
 City & State
 MIDDLESEX
 TWI IHT
 Country
 ENGLAND

CR2E034B (1/11)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1084709
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 Name
 ALFRED TATE
 Street Address (P.O. Box Number is Not Acceptable)
 1799 N.E. 164TH STREET STE. 104
 City
 NORTH MIAMI BEACH FL
 Zip Code
 33162

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 *Alfred Tate* DATE July 08, 2011

January 1 - May 1: Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended AR is \$81.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution

E-mail Address:
 tonyglassborow@tiscali.com.uk
 E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	MR ANTHONY GLASSBOROW
NAME	61 COLE PARK ROAD
STREET ADDRESS	TWICKENHAM MIDDX TWI IHT
CITY-ST-ZIP	ENGLAND
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200208075312
 05/24/11--01004--005 **150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: *Anthony Glassborow* DATE 16 JUNE 2011 +44 7775 998087
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY GLASSBOROW, President