


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004558

1. Entity Name
ALL ABOUT WALLS, LLC



Principal Place of Business 1219 FORMOSA AVE WINTER PARK, FL 32789	Mailing Address 1219 FORMOSA AVE WINTER PARK, FL 32789
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04262006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0137860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**G&L AGENT SERVICES, INC.
 ATTN: PRESIDENT
 390 N ORANGE AVE, STE 600
 ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P STOVER, SAMUEL R 1219 FORMOSA AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP STOVER, VICKIE L 1219 FORMOSA AVE WINTER PARK, FL 32789
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 05/13/06-80045-024 50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Vickie Stover - VICKIE STOVER* **N-26-06 (NOV)898-286E**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #