2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90353 027 ***150.00

DOCUMENT # P02000044025

1. Entity Name
WALLPAPERS GALORE INC

Principal Place of Business	Mailing Address
2503 ARLINGTON AVE NEW SMYRNA BEACH FL 32168	2503 ARLINGTON AVE NEW SMYRNA BEACH FL 32168

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
2039 S. Ridgewood Ave	Same address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Daytona, FL	City & State:
Zip: 32119 Country: USA	Zip: Country:

4. FEI Number 01-0672485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UTTER, HOLLY C
2503 ARLINGTON AVE
NEW SMYRNA BEACH FL 32168

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 ______________________________
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	UTTER, HOLLY C		NAME	Holly Browning	
STREET ADDRESS	2502 GLENWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP		
TITLE	VST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BROWNING, RICHARD S		NAME		
STREET ADDRESS	2502 GLENWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Holly C Browning 4-15-05 386-761-7187
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #