

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2007
Secretary of State**

DOCUMENT# P04000007443

Entity Name: COVE CEILINGS, INC.

Current Principal Place of Business:

943 NE 25TH AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

943 NE 25TH AVE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-0577971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUPARITZ, ALAN D
900 E ATLANTIC BLVD
STE 17
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERSHON, ROBERT
Address: 943 NE 25TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: VSTD () Delete
Name: ZIESAK, MIKE
Address: 943 NE 25TH AVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSTD () Change (X) Addition
Name: GERSHON, MATTHEW
Address: 943 NE 25 AVE
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GERSHON

PD

03/13/2007

Electronic Signature of Signing Officer or Director

_____ Date