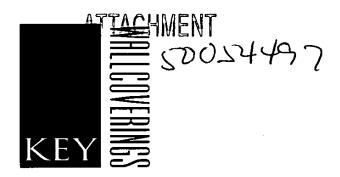
2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # 161947** 07-05-2005 90113 004 ***150.00 1. Entity Name KEY WALLCOVERINGS, INC. Principal Place of Business Mailing Address 50054497 HAMILTON BOULEVARD HAMILTON BOULEVARD POST OFFICE BOX 717 POST OFFICE BOX 717 THEODORE, AL 36590-0717 THEODORE, AL 36590-0717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06292005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-0632452 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIKE LESTER Street Address (P.O. Box Number is Not Acceptable) 249 PACK STREET JACKSONVILLE, FL 32204 City 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 15000 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE ☐ Delete TITLE GATES, JAMES V NAME NAME STREET ADDRESS 4775 HAMILTON BLVD. STREET ADDRESS CITY-ST-ZIP THEODORE, AL CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition WILSON, JOHN R NAME NAME 4775 HAMILTON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THEODORE, AL CITY-ST-ZIP PDT Delete Change ☐ Addition WILLIAMS, R.A. NAME NAME STREET ADDRESS 4775 HAMILTON BLVD. STREET ADDRESS THEODORE, AL CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition Change 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 charged, or on an attachment with an address, with all other like empowered.

FILED Jul 05, 2005 8:00 am



June 29, 2005

Division of Corporations

P. O. Box 1500

Tallahassee, FL 32302-1500

RE:

Document # 161947

Key Wallcoverings, In-

Dear Sirs:

To date we have not received the 2005 For Profit Corporation Annual Report. This letter is our written request, per your telephone recording, to waive the penalty of \$400.00 since we have not received the appropriate form.

We are submitting our check \$150.00 along with the attached form that was downloaded from the website.

If you have any questions, please contact me at (251) 443-6110.

Sincerely,

Ron Mouson

Ron Morrison Internal Auditor

RM:lh

Attms: Check

2005 For Profit Corporation Annual Report, Document #161947