2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465418

FILED Apr 20, 2009 Secretary of State

Entity Name: CORAL PAINT AND WALLPAPER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	JTH TUTTLE TA, FL 34239			
Current N	Mailing Addres	ss:	New Mailing Addres	ss:
	JTH TUTTLE TA, FL 34239			
El Numbe	r: 59-1563562	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
1528 SHA	VSKI, KATHERI ADOW RIDGE O TA, FL 34240			
The above	e named entity s te of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
The above	te of Florida. JRE:			ed office or registered agent, or both,
The above n the Stat SIGNATU	te of Florida. IRE: Electron	nic Signature of Registered Ag		ed office or registered agent, or both, Date
The above n the Stat SIGNATU	te of Florida. IRE: Electron			
The above n the Stat BIGNATU	te of Florida. IRE: Electron	nic Signature of Registered Ag	ent	
The above n the Stat BIGNATU	te of Florida. IRE: Electron Impaign Financing IS AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete KRISTINE A AVE	ent	Date
The above n the State SIGNATU Election Ca DFFICER Title: Jame: Address:	te of Florida. IRE: Electron Impaign Financing IS AND DIREC V () WASILEWSKI, 2627 ESPANOL SARASOTA, FL PT () WASILEWSKI, 1528 SHADOW	Tic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete KRISTINE A AVE 34239 Delete KATHERINE	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: KRISTINE WASILEWSKI VP 04/20/2009