2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 27, 2006
Secretary of State

DOCUMENT# 547911

Entity Name: GAGNE WALLCOVERING, INC.

Current Principal Place of Business:

1771 NORTH HERCULES AVENUE
CLEARWATER, FL 33765

New Principal Place of Business:

2035 CALUMET ST
CLEARWATER, FL 33765

Current Mailing Address:

1771 NORTH HERCULES AVENUE
CLEARWATER, FL 33765

New Mailing Address:

2035 CALUMET ST
CLEARWATER, FL 33765

FEI Number: 59-1767171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNE, RUDY L.
1771 NORTH HERCULES AVENUE
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

GAGNE, RUDY L.
2035 CALUMET ST
CLEARWATER, FL 33765 US

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: RUDY GAGNE 09/27/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: GAGNE, WILLIAM K.,
Address: 1868 DEL ROBLES TERR.
City-St-Zip: CLEARWATER, FL

Title: TS ( ) Delete
Name: GAGNE, LORRAINE G,
Address: 867 HARBOR ISLAND
City-St-Zip: CLEARWATER, FL 00000,

Title: PD ( ) Delete
Name: GAGNE, RUDY L,
Address: 867 HARBOR ISLAND
City-St-Zip: CLEARWATER, FL 00000,

Title: VP ( ) Delete
Name: GAGNE, JEFFREY J
Address: 1868 BARCELONA DR.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JEFFREY GAGNE VP 09/27/2006
Electronic Signature of Signing Officer or Director Date