

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 612270

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** WALLPAPER SHOWCASE OF ORLANDO, INC.

**Current Principal Place of Business:**

4734A SOUTH KIRKMAN RD  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

1022 SHADY MAPLE CIRCLE  
OCOE, FL 34761 US

**Current Mailing Address:**

4734A SOUTH KIRKMAN RD  
ORLANDO, FL 32811 US

**New Mailing Address:**

1022 SHADY MAPLE CIRCLE  
OCOE, FL 34761 US

**FEI Number:** 59-1906689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAVENER, DEBRA L.  
4734A SOUTH KIRKMAN RD  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

CRAVENER, DEBRA L.  
1022 SHADY MAPLE CIRCLE  
OCOE, FL 34761 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:** DEBRA L. CRAVENER

04/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** CRAVENER, DEBRA L  
**Address:** 1022 SHADY MAPLE CIRCLE  
**City-St-Zip:** OCOE, FL 34761 US

**Title:** V  
**Name:** PHILLIPS, NATALIE R  
**Address:** 1022 SHADY MAPLE CIRCLE  
**City-St-Zip:** OCOE, FL 34761 US

I hereby 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 all other like empowered.

**SIGNATURE:** DEBRA L. CRAVENER

PRES

04/22/2010

Electronic Signature of Signing Officer or Director

Date