


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90162 025 \*\*\*158.75

<b>DOCUMENT # F04000005759</b>	
1. Entity Name <b>MID-OHIO WALLS AND CEILINGS, INC.</b>	

Principal Place of Business <b>8571 STATE ROUTE 503 LEWISBURG, OH 45338</b>	Mailing Address <b>P.O. BOX 540 LEWISBURG, OH 45338</b>
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2. Principal Place of Business <b>307 Meadowgrove Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>11820 Isle of Palms Drive</b> Suite, Apt. #, etc.
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City & State <b>Englewood, OH</b>	City & State <b>Ft. Myers Beach, FL</b>
Zip <b>45322</b>	Country <b>USA</b>
Zip <b>33931</b>	Country <b>USA</b>

01302006 Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1361442</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HARTMAN, TERESA K 11820 ISLE OF PALMS DRIVE FT. MYERS BEACH, FL 33931</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, DAVID L 11820 ISLE OF PALMS DRIVE FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTMAN, TERESA K 11820 ISLE OF PALMS DRIVE FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPION, JUDITH E 7187 VERONA ROAD LEWISBURG, OH 45338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5350 South Hickory Court Lewisburg, OH 45338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLORENCE, ANGELA E 8571 STATE ROUTE 503 LEWISBURG, OH 45338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9280 Gladiolus Preserve Circle Ft. Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>Teresa K. Hartman, V.P., 1/30/06, (239)482-6572</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>