2008 FOR PROFIT CORPORATION

SIGNATURE:

ANNUAL REPORT DOCUMENT # F06000003978 1. Entity Name ATLANTA WALLPAPER INSTALLATION, INC. 08 AUG 22 PM 9: 03 Principal Place of Business Mailing Address 07/10/08-50101457012A**35.001411 PINELLA CT 1411 PINELLA CT GRAYSON, GA 30017-1185 GRAYSON, GA 30017-1185 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 07142008 Chg-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 58-1825179 Not Applicable Zio Country Zip Country \$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 Name WELLS, TIMOTHY H Street Address (P.O. Box Number is Not Acceptable) 124 S WAUKESHA ST BONIFAY, FL 32425 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. (FIQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice, Trust Fund Contribution. \Box Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TEFLE Datate 🗆 TITLE MIHALAK, MARVIN NAME NAME 90013255709<mark>9</mark> 710/08--01011--012 **3 STREET ADDRESS 1411 PINELLA CT STREET ADDRESS CITY-SI-ZIP GRAYSON, GA 300171185 CITY-ST-ZIP ~**35.0b TITLE TITLE ☐ Deleta Change Addition HAME RAGAN, DIANE MALLE STREET ADDRESS 1758 RANGEWOOD DR STREET ADDRESS LILBURN, GA 30047 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIHALAK, LISA MAME 900132557099 1411 PINELLA CT STREET ADDRESS STREET ADDRESS 08/26/08--01005--<u>025</u> _ **35,01 CITY-ST-ZIP GRAYSON, GA 300171185 CITY-ST-ZIP TITLE. Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

7/24/2008-90015-032-\$115.00-\$115.00