

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003375

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: STRETCHWALL INSTALLATIONS, INC.

**Current Principal Place of Business:**

42-03 35TH ST.  
LONG ISLAND CITY, NY 11101

**New Principal Place of Business:**

**Current Mailing Address:**

42-03 35TH ST.  
LONG ISLAND CITY, NY 11101

**New Mailing Address:**

FEI Number: 13-3693162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI, FL 331560000 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: BERMAN, JOEL  
Address: 1470 HEWLETT AVENUE  
City-St-Zip: HEWLETT, NY 11517

Title: P ( ) Delete  
Name: BERMAN, JAN DAVID  
Address: 5 SALEM ROAD  
City-St-Zip: WILTON, CT 06897

Title: CFO ( ) Delete  
Name: RATHFELAR, NORMAN E  
Address: 299 PINE HILL ROAD  
City-St-Zip: CHESTER, NY 10918

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: CFO (X) Change ( ) Addition  
Name: RATHFELDER, NORMAN E  
Address: 299 PINE HILL ROAD  
City-St-Zip: CHESTER, NY 10918

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: NORMAN RATHFELDER

CFO

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date