2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2006
Secretary of State

DOCUMENT# L04000080501

Entity Name: LARRY DUVAL WALLCOVERING SERVICE, LLC

Current Principal Place of Business:

1109 SPLIT SILK STREET
VALRICO, FL 33594 US

New Principal Place of Business:

4207 S. DALE MABRY HWY
#9108
TAMPA, FL 33611 US

Current Mailing Address:

1109 SPLIT SILK STREET
VALRICO, FL 33594 US

New Mailing Address:

4207 S. DALE MABRY HWY
#9108
TAMPA, FL 33611 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUVAL, LARRY
1109 SPLIT SILK STREET
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

DUVAL, LARRY
4207 S. DALE MABRY HWY
#9108
TAMPA, FL 33611 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: 01/14/2006

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LARRY DUVAL WALLCOVE, RING SERVICE
Address: 1109 SPLIT SILK STREET
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LARRY DUVAL WALLCOVE, RING SERVICE
Address: 4207 S. DALE MABRY HWY, #9108
City-St-Zip: TAMPA, FL 33611 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LARRY DUVAL MGR 01/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date