2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087853

LOW, DOUGLÁS

14801 NW 243RD TERRACE

HIGH SPRINGS, FL 32643 US

Name:

Address:

City-St-Zip:

Entity Name: WALLCOVERING BY DOUGLAS, LLC

FILED Sep 14, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place | New Principal Place of Business: | |
|---|------------------------------------|---|--|
| 14801 NW 243RD TERRACE HIGH SPRINGS, FL 32643 US | | | |
| Current Mailing Address: | New Mailing Addres | s: | |
| 14801 NW 243RD TERRACE HIGH SPRINGS, FL 32643 US | | | |
| FEI Number: 20-3511172 FEI Number Applied For() F In accordance with s. 607.193(2)(b), F.S., the limited liability compar Name and Address of Current Registered Agent: | ny did not receive the prior notic | Certificate of Status Desired() e. of New Registered Agent: | |
| UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139 US | | | |
| The above named entity submits this statement for the purpin the State of Florida. | oose of changing its registere | d office or registered agent, or both | |
| SIGNATURE: | | | |
| Electronic Signature of Registered Agent | | Date | |
| MANAGING MEMBERS/MANAGERS: | ADDITIONS/CHANGES: | | |
| Title: MGRM () Delete | Title [.] | () Change () Addition | |

Name:

Address:

City-St-Zip:

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: DOUGLAS LOW MGRM 09/14/2006