

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041835

**FILED**  
**Jan 13, 2006**  
**Secretary of State**

**Entity Name:** PHILIP LATORRE WALLPAPER HANGING INC

**Current Principal Place of Business:**

130 N BEACH STREET REAR APT  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

120 CAPRI DRIVE  
ORMOND BY THE SEA, FL 32176

**Current Mailing Address:**

130 N BEACH STREET REAR APT  
ORMOND BEACH, FL 32174

**New Mailing Address:**

PO BOX 2792  
ORMOND BEACH, FL 32175

**FEI Number:** 59-3641601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LATORRE, PHILIP A  
130 N BEACH STREET REAR APT  
ORMOND BEACH, FL 32174 US

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

LATORRE, PHILIP A  
120 CAPRI DRIVE  
ORMOND BEACH, FL 32176 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:**

01/13/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVST ( ) Delete  
**Name:** LATORRE, PHILIP A  
**Address:** 130 N BEACH STREET REAR APT  
**City-St-Zip:** ORMOND BEACH, FL 32174

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

**Title:** PVST (X) Change ( ) Addition  
**Name:** LATORRE, PHILIP A  
**Address:** 120 CAPRI DRIVE  
**City-St-Zip:** ORMOND BEACH, FL 32176

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 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:** PHILIP A. LATORRE

PVST

01/13/2006

Electronic Signature of Signing Officer or Director

Date