## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000080794

Title:

Name: Address:

City-St-Zip:

FILED Jan 07, 2004 Secretary of State

Entity Name: BRAD & ANDY'S WALLCOVERINGS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
85 SE 4TH AVE # 104 DELRAY BEACH, FL 33483						
Current Mailing Address:			New Maili	New Mailing Address:		
85 SE 4TH AVE # 104 DELRAY BEACH, FL 33483						
FEI Number:	65-1130076	FEI Number Applied For ( )	FEI Number Not Appl	icable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
GANGALE, ANDREW A 85 SE 4TH AVE # 104 DELRAY BEACH, FL 33483			85 SE 4TH # 104	HILSMAN, CHRISTINA P 85 SE 4TH AVE # 104 DELRAY BEACH, FL 33483		
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E: CHRISTIN			01/07/2004		
		c Signature of Registered Agen	nt		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) I GANGALE, ANDI 85 SE 4TH AVE : DELRAY BEACH	<b>#</b> 104	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () TATE, BRAD S 85 SE 4TH AVE : DELRAY BEACH		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () I GANGALE, VICT 5018 PEBBLEB COCONUT CREI	ROOK WAY	Title: Name: Address: City-St-Zip:	S (X) GANGALE, VIC' 85 SE 4TH AVE DELRAY BEAC	NUE #104	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW GANGALE PRES 01/07/2004

(X) Delete

KROLL, THEODORE

BOCA RATON, FL 33486

33 SW 12TH TERR

() Change () Addition