2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# P01000099463

Entity Name: WALLCOVERING PROFESSIONALS, INC.

Current Principal Place of Business:

6969 SW 109TH CT
MIAMI, FL 331732116

New Principal Place of Business:

6284 NW 186 STREET
106
HIALEAH, FL 33015

Current Mailing Address:

6969 SW 109TH CT
MIAMI, FL 331732116

New Mailing Address:

6284 NW 186 STREET
106
HIALEAH, FL 33015

FEI Number: 65-1145183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOSTHE, RAUL G
6969 SW 109TH CT
MIAMI, FL 331732116 US

Name and Address of New Registered Agent:

GOSTHE, RAUL G
6284 NW 186 STREET
106
HIALEAH, FL 33015 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: _____ 04/26/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOSTHE, RAUL G
Address: 6969 SW 109TH CT
City-St-Zip: MIAMI, FL 331732116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOSTHE, RAUL G
Address: 6284 NW 186 STREET # 106
City-St-Zip: HIALEAH, FL 33015

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: RAUL G GOSTHE PD 04/26/2008
Electronic Signature of Signing Officer or Director — Date