2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 30, 2006 08:00 AM DOCUMENT # P02000000311 **Secretary of State** 1. Entity Name NAU WALL DESIGNS, INC. Principal Place of Business Mailing Address 13300-56 S CLEAVELAND AVE #249 FT MYERS FL 33907 13300-56 S CLEAVELAND AVE #249 FT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 30-0039953 Not Applicable \$8.75 Additional Fee Required Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAU, ROBERTA Street Address (P.O. Box Number is Not Acceptable) 15506 THORY CT FORT MYERS FL 33908 Zip Code 3. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and fills if applicable (NOTE: Registered Agent argundline required when romstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete ☐ Change Addition THILL PSTD TITLE NAME NAU, ROBERTA MAME STREET ADDRESS 15506 THORY CT STREET ADDRESS CHY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP ЯΙПΣΣ ☐ Delete TITLE ☐ Change ☐ Addition NAM NAME U00000485486 04/12/06-80085-807 150.00 STREET ADORESS STREET ADORESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete ☐ Change ☐ Addrtion HILE. NAME NAME STREET ADDRESS STREET ADDRESS SUY-ST-289 CHY-SI-70 Detete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Detete ☐ Change ☐ Addition 7772 F MRE NAME MAME STRECT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 337.8 Delete 34114 ☐ Change ■ Addition MAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with accordances, with all other like empowered.

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