


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000037822 1. Entity Name LANCE'S FANTASTIC WALLCOVERINGS, INC.	
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Principal Place of Business 1601 N. MILITARY TRAIL, SUITE B W. PALM BCH, FL 33409	Mailing Address 1601 N. MILITARY TRAIL, SUITE B W. PALM BCH, FL 33409
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0058256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERNI, LANCE
5686 ITHACA CIR. E
LAKE WORTH, FL 33463

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

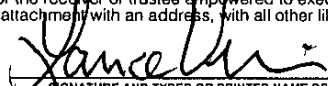
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000624628 02/14/07-80043-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNI, LANCE 5686 ITHACA CIR. E. LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERNI, CHERYLANN 5686 ITHACA CIR. E. LAKE WORTH, FL 33463
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/23/07 President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #