

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 024 ***150.00

DOCUMENT # P02000057540

1. Entity Name
WALLS & IMAGES, INC.



Principal Place of Business
**1457 NE 53 STREE
FORT LAUDERDALE, FL 33334**

Mailing Address
**1457 NE 53 STREE
FORT LAUDERDALE, FL 33334**

50025677



2. Principal Place of Business PO Box 936076	3. Mailing Address PO Box 936076
Suite, Apt. #, etc. Margate, FL	Suite, Apt. #, etc. Margate, FL
City & State 33093 USA	City & State 33093 USA
Zip	Country

06092006 Chg-P CR2E034 (11/05)

4. FEI Number 48-1259917	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FRASIER, BRUCE M
11 SE 7 STREET
POMPANO BEACH, FL 33060**

7. Name and Address of New Registered Agent
Name **FRASIER, BRUCE M**
Street Address (P.O. Box Number is Not Acceptable)
600 NW 66 AVE.
City **MARGATE** FL Zip Code **33063**

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
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASIER, BRUCE M		NAME	FRASIER, BRUCE M	
STREET ADDRESS	PO BOX 936076		STREET ADDRESS	600 NW 66 AVE.	
CITY-ST-ZIP	MARGATE, FL 33093		CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FRASIER, CRISTINA	
STREET ADDRESS			STREET ADDRESS	600 NW 66 AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Bruce M. Frasier **Bruce M. Frasier** 6/9/06 954-257-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #