

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90095 009 \*\*\*150.00  
09-06-2005 90134 007 \*\*\*400.00

<b>DOCUMENT # P02000091321</b> 1. Entity Name <b>WALLDESIGN PROFESSIONAL PAPER HANGERS, INC.</b>					
Principal Place of Business <b>P.O. BOX 659 PALMETTO FL 34220</b>			Mailing Address <b>P.O. BOX 659 PALMETTO FL 34220</b>		
2. Principal Place of Business <del>_____</del> Suite, Apt. #, etc. <del>_____</del>		3. Mailing Address Suite, Apt. #, etc. <del>_____</del>		  1st MOORE CR2E034 (10/04)	
City & State <del>_____</del> <del>_____</del>		City & State <del>_____</del> <del>_____</del>			
Zip Country <del>_____</del> <del>_____</del>		Zip Country <del>_____</del> <del>_____</del>			
4. FEI Number <b>51-0425171</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>RIDENOUR, BRIAN 10115 BUD RHODEN RD PALMETTO FL 34221</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____		
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 <u>Brian Ridenour</u> <b>Brian Ridenour</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RIDENOUR, BRIAN 10115 BUD RHODEN RD PALMETTO FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RIDENOUR, GENNI 10115 BUD RHODEN RD PALMETTO FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Brian Ridenour</u> <b>Brian Ridenour</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7-19-05</b>		Daytime Phone # <b>941-812-5263</b>