2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077565

Entity Name: WALLSCAPES BY MICHELLE, INC.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 297621 10337 MEDICIS PL

PEMBROKE PINES, FL 33029 WELLINGTON, FL 33467

Current Mailing Address: New Mailing Address:

P.O. BOX 297621 10337 MEDICIS PL

PEMBROKE PINES, FL 33029 WELLINGTON, FL 33467

FEI Number: 56-2385344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STARKEY, MICHELLE STARKEY, MICHELLE 20585 SW 5TH ST. 10337 MEDICIS PL

PEMBROKE PINES, FL 33029 US WELLINGTON, FL 33467 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: 04/29/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

STARKEY, MICHELLE OWNER Name:

20585 SW 5TH ST. Address:

City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title:

STARKEY, MICHELLE OWNER Name:

Address: 10337 MEDICIS PL City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: MICHELLE STARKEY 04/29/2006