


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90041 040 ***150.00

DOCUMENT # P03000109855		
1. Entity Name AL AUSIELLO'S WALLPAPERING, INC.		

Principal Place of Business 3594 DANBURY CT BOYNTON BEACH, FL 33436	Mailing Address C/O W.J. TREMBLAY 1801 S. FEDERAL HWY. SUITE 219 DELRAY BEACH, FL 33483
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40007203

2. Principal Place of Business - No P.O. Box #	3. Mailing Address C/O TAX HELP INC 1730 S. FEDERAL HWY. STE. 260
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State DELRAY BEACH, FL.
Zip	Country USA



01172007 Chg-P CR2E034 (12/06)

4. FEI Number 33-1072195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TREMBLAY, W. J. 1801 S FEDERAL HWY SUITE 219 DELRAY BEACH, FL 33483-3334	7. Name and Address of New Registered Agent Name TREMBLAY, W.J. Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY STE. 260 City DELRAY BEACH, FL Zip Code 33483
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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 W.J. Tremblay DATE 01/29/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST AUSIELLO, ALPHONSE 3594 DANBURY CT BOYNTON BEACH, FL 33436 <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 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 employees.

SIGNATURE: [Signature] 1-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #