
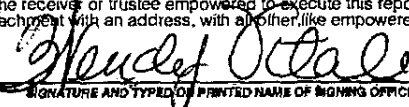


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000129999		
1. Entity Name JOE VITALI'S WALLPAPER, ETC., INC.		
Principal Place of Business 2535 MARBILL RD. W. PALM BCH, FL 33406	Mailing Address 2535 MARBILL RD. W. PALM BCH, FL 33406	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOOKS BY APRIL, INC 3121 W. MERIDIAN CIRCLE LAKE WORTH, FL 33467		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VITALI, JOSEPH M 2535 MARBILL RD. W. PALM BCH, FL 33406	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VITALI, WENDY L 2535 MARBILL RD. W. PALM BCH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another, like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/6/05 Daytime Phone #: 561-697-4188



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0379558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/25/05-80037-011 150.00