2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 11, 2006 8:00 am Secretary of State DOCUMENT # P03000133859 09-11-2006 90006 020 ***550.00 1. Entity Name MARK BRADLEY PAPER HANGING, INC. Principal Place of Business Mailing Address 1400 VILLAGE BLVD. 1400 VILLAGE BLVD. APT 821 **APT 821** WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08252006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0421749 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADLEY, MARK Street Address (P.O. Box Number is Not Acceptable) 1400 VILLAGE BLVD. **APT 821** WEST PALM BEACH, FL 33409 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BRADLEY, MARK NAME STREET ADDRESS 1400 VILLAGE BLVD, APT 821 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITI F Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T!TLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF IGNING OFFICER OR DIRECTOR

Delete

9606

Change

Addition

FILED