


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000137741</b> 1. Entity Name <b>WALLCOVERING BY GEORGIA, INC.</b>																													
Principal Place of Business <b>3720 VANTAGE RD. CANTONMENT FL 32533</b>			Mailing Address <b>3720 VANTAGE RD. CANTONMENT FL 32533</b>																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>41-2119846</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>DAVIS, GEORGIA A 3720 VANTAGE RD. CANTONMENT, PENSACOLA FL 32533</b>																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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.																									
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1st MOORE CR2E034 (10/06)

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Name  
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STREET ADDRESS 5532 WARRINGTON DR.  
CITY - ST - ZIP NEW ORLEANS LA 70122-3404

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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02/08/07-80046-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: Georgia Davis GEORGIA DAVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 (850)982-4184  
Date Daytime Phone #