2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2006 8:00 am Secretary of State

Principal Place of Business Mailing Address 32137 ELIZABETH AVE TAYARS, FL 32778	DOCUMENT # P03000157891 1. Entity Name WALLCOVERINGS BY SANDOW, INC.							6 90003 045 *	**150.00	
2. Principal Place of Business Suita, April 4, etc. Suita, April 4, etc. Or142006 ChgP CR2E034 (11/05) Zip Country Zip Country Cry & State Cry & State A. FETNamber Part Applied For Zip Country Zip Country Zip Country Zip Country Suita, April 4, etc. Cry & State A. FETNamber Zip Country Suita, April 4, etc. Cry & State A. FETNamber Zip Country Suita, April 4, etc. Cry & State A. FETNamber Zip Country Suita, April 4, etc. Cry & State A. FETNamber Zip Country Suita, April 4, etc. Cry & State Zip Country Suita, April 4, etc. Cry & State Cry & State Country Suita, April 4, etc. Country Country Suita, April 4, etc. Country Suita, April 4, etc. Country Country Country Suita, April 5, etc. Country Country Country Country Country Country Country Coun	Principal Place of Business Mailing Address						A 2002			
Suito, Apt. #, etc. Suito, Apt. #, etc. Suito, Apt. #, etc. O7142008 ChgP CR2E034 (11/05)	32137 ELIZABETH AVE.		32137 ELIZABETH AVE.							
City & State	2. Principal Pl	ace of Business	3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07142006	Chg-P	CR2E034 (11	/05)		
S. Cerificate of Status Dearied Fee Required	City & State		City & State							
CORDOVA SANDOW 32137 ELIZABETH AVE. TAVARES, FL 32778 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 childgation or registered agent, or both, in the State of Florida. I am familiar with, and accept the childgation or registered agent, or both, in the State of Florida. I am familiar with, and accept the childgation or registered agent, or both, in the State of Florida. I am familiar with, and accept the color florida or registered agent, or both, in the State of Florida. I am familiar with, and accept the color florida or registered agent, or both, in the State of Florida. I am familiar with, and accept the color florida. I am familiar with, and accept the color florida. I am familiar with, and accept the color florida. I am familiar with, and accept the color florida. I am familiar with, and accept the color florida. I am familiar with, and accept the color florida. I am familiar with, and accept the color florida. I am familiar with, and accept the color florida. I am familiar with, and accept the prior or color. SIGNATURE PILE NOWIII FILE S 150.00 P. Election Campaign Financing S 5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Addition File Campa Addition CORDOVA, SANDOW CORDOVA, SAND	Žìp	Country	Zip	Country	<i>'</i>	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) TAVARES, FL 32778 City FL Zip Code E. The above named onliny submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Signature FILE NOWILL'SEE IS \$150.00 Pube by Septémber 6, 2006 PTILE NOWILL'SEE IS \$150.00 PUBE NOWING STREET ADDRESS CORDOVA, SANDOW SIRES ADDRESS TAVARES, FL 32778 TITLE VSD Debets TITLE VSD Debets TITLE VSD Debets TITLE Debets		6., Name and Address of Current	Registered Agent							
TAVARES, FL 32778 City										
B. 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 Signature, Type-Big Sample Supplement				L	Street Address (P.O. Box Number is Not Acceptable)					
B. 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 Signature, Type-Big Sample Supplement										
SIGNATURE Signature Signa								<u> </u>		
Signature. Type-byte primete name of registered squent and tile of applicable. NOTE (Registered Agent signature) are recisived when rematating) St. 100 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS ADDITION										
Trust Fund Contribution. 10. 1: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD	SIGNATURE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 TITLE NAME STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST									()(b), F.S., the prior notice.	
NAME SIREET ADDRESS CITY-ST-ZPP TAVARES, FL 32778 ITILE VSD WELLS, LYNDA G SIREET ADDRESS CITY-ST-ZPP TAVARES, FL 32778 ITILE NAME SIREET ADDRESS CITY-ST-ZPP TAVARES, FL 32778 ITILE NAME SIREET ADDRESS CITY-ST-ZPP TILE NAME SIREET ADDRESS CITY-ST-ZPP ITILE NAME SIREET ADDRESS CITY-ST-ZP	10.	1 OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIREC	CTORS IN 11	
STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 TITLE VSD WELLS, LYNDA G STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	TITLE			TITLE		☐ Change ☐ Addition				
CITY-ST-ZIP TAVARES, FL 32778 TITLE NAME NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS		•			ADDOLLG					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		•							İ	
SIRET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	TITLE	_ 5.005						□ cı	ange Addition	
CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		•			1000500					
NAME STREET ADDRESS CTY-ST-ZIP TITLE STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete					☐ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	C/TY-ST-ZIP				T-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete					C1	ange [_] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			<u> </u>		T-ZIP				CD Addition	
CITY-SI-ZIP CITY-SI-ZIP TITLE ITTLE NAME NAME STREET ADDRESS STREET ADDRESS	l		☐ Delete					UV	lange (Addition)	
ITILE ITILE Change Addition NAME NAME 1 7, 1 STREET ADDRESS STREET ADDRESS STREET ADDRESS	l				I .				· .	
NAME STREET ADDRESS NAME STREET ADDRESS			☐ Delete					. 🗆 CI	hange Addition	
the state of the s	l									
VIII-31-ZIF	STREET ADDRESS CITY-ST-ZIP				I			• •		

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 employered 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 epipowered.

Wells

SIGNATURE:

DIdova R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR