


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90046 007 \*\*\*150.00

<b>DOCUMENT # P04000015695</b>	
1. Entity Name <b>DARLENE NADEAU WALLCOVERINGS, INC.</b>	

Principal Place of Business <b>186 DOVE CIRCLE ROYAL PALM BEACH, FL 33411 US</b>	Mailing Address <b>186 DOVE CIRCLE ROYAL PALM BEACH, FL 33411 US</b>
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2. Principal Place of Business - No P.O. Box # <b>250 River Bluff LN</b>	3. Mailing Address <b>250 River Bluff LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Royal Palm Bch FL</b>	City & State <b>Royal Palm Bch FL</b>
Zip <b>33411-4216</b>	Zip <b>33411-4216</b>
Country <b>USA</b>	Country <b>USA</b>



01292007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>NADEAU, DARLENE M 186 DOVE CIRCLE ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name <b>NADEAU, DARLENE M</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 RIVER BLUFF LN</b> City <b>Royal Palm Bch FL</b> Zip Code <b>33411-4216</b>	
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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: *Darlene M. Nadeau* DATE: 1/31/07

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NADEAU, DARLENE M 12452 GUILFORD WAY WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NADEAU, DARLENE M 250 RIVER BLUFF LN Royal Palm Bch FL 33411-4216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *Darlene M. Nadeau* **DARLENE M NADEAU** Pres. Date: 561-309-0114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR