

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017083

FILED
Apr 28, 2009
Secretary of State

Entity Name: QUALITY WALLPAPER INSTALLATION INC.

Current Principal Place of Business:

3718 S.W. SUNSET TRACE CIRCLE
PALM CITY, FL 34990

New Principal Place of Business:

3166 S.W. SUNSET TRACE CIRCLE
PALM CITY, FL 34990

Current Mailing Address:

3718 S.W. SUNSET TRACE CIRCLE
PALM CITY, FL 34990

New Mailing Address:

3166 S.W. SUNSET TRACE CIRCLE
PALM CITY, FL 34990

FEI Number: 20-0656196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOOLICK, MARC
3718 S.W. SUNSET TRACE CIRCLE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

KOOLICK, MARC
3166 S.W. SUNSET TRACE CIRCLE
PALM CITY, FL 34990 US

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.

SIGNATURE:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KOOLICK, MARC
Address: 3718 S.W. SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: DVS () Delete
Name: KOOLICK, STEFANIE
Address: 3718 S.W. SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: KOOLICK, MARC
Address: 3166 S.W. SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: DVS (X) Change () Addition
Name: KOOLICK, STEFANIE
Address: 3166 S.W. SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC KOOLICK

DPT

04/28/2009

Electronic Signature of Signing Officer or Director

Date