2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90126 027 ***150.00

DOCUMENT # P04000031114 1. Entity Name BEAUTIFUL WALLS, INC.							90126 027	30.00	
Principal Plac	ce of Business	Mailing Address		!					
210 CYPRESS ROAD 210 CYPRESS ROAD ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086			nac						
31. AUGUSTI	NE, FL 32000	ST. AUGUSTINE, FL 32	UBO						
Principal Place of Business 3. Mailing Address					_				
2. Thiopai ridee of Bearings		3. Manny Address			UJ BIDII OBUJ BOKI ODII	! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	Li ss 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062006	Chg-P	CR2E034 (11/05)			
City & State		City & State		4. FEI Number 20-07649	902	 	pplied For ot Applicable		
Zip	Country Zip Cou		Coun	itry	5. Certificate of		\$8.75 Ad	ditional	
	6. Name and Address of Currer	t Registered Agent		1	7. Name and A	ddress of New R			
WELTER, GARY				Name	Name .				
210 CYPRESS RD SAINT AUGUSTINE, FL 32086				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Coo	ie	
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or registr	ered agent, or both,	in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE.									
JIGITATORIE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E Registere	d Agent signature requir	ed when reinstating)		DATE	·····	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.					5.00 May Be Ided to Fees				
10.	OFFICERS AN		11.	1	ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR		
TITLE	PTD WELTER, GARY	☐ Delete	TITLE				Change	Addition	
STREET ADDRESS	DDRESS 210 CYPRESS ROAD STR			ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME			TITLE				Change	Addition	
STREET ADDRESS				ET ADDRESS					
CITY-SI-ZIP	ST. AUGUSTINE, FL 32086	☐ Delete	-1	-ST-ZIP					
NAME				r		· •	□ a	— — — — — — — — — — — — — — — — — — —	
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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:

(904)794-0310