## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000039298

Entity Name: HOUSE COVERING INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 50989 HIGHWAY 27 SUITE 262 B DAVENPORT, FL 338978579 US **New Mailing Address: Current Mailing Address:** 50989 HIGHWAY 27 SUITE 262 B DAVENPORT, FL 338978579 US FEI Number Applied For ( ) FEI Number: 77-0626441 FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COSTA, ANTONIO A 50989 HIGHWAY 27 SUITE 262 B DAVENPORT, FL 33897 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition COSTA, ANTONIO A Name: Name: 50989 HIGHWAY 27 Address: Address: City-St-Zip: DAVENPORT, FL 33897 US City-St-Zip: Title: SVD () Delete Title: () Change () Addition Name: COSTA, ARLETE M Name: 50989 HIGHWAY 27 Address: Address: DAVENPORT, FL 33897 US City-St-Zip: City-St-Zip:

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: ANTONIO COSTA PDT 04/30/2009