2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 02, 2007 8:00 am Secretary of State 07-02-2007 90036 013 ***150.00

DOCUMENT # P0400090296 1. Enlity Name C ELLISON'S WALLCOVERING INC						90036 013 ***150	0.00	
Principal Place of Business 55 SOUTH ARBOR DRIVE ORMOND BEACH, FL 32174		Mailing Address 1515 RIDGEWOOD AVE A		401	40122388			
				,				
		HOLLY HILL, FL 32117						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				######################################		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0628200	7 Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Nui 20-1	nber 225909		plied For	
Zip	Country	Zip	Country		ate of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New			
LOGUIDICE, JOE			Name					
1515 RIDGEWOOD AVE A			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
HOLLY HILL, FL 32174			0			_ [70:		
			City			FL Zip Cod		
	 named entity submits this statement for tions of registered agent. 	or the purpose of charging its i	egistered office or r	registered agent, or	both, in the State of F	florida/ Lam familiar with,	and accept	
SIGNATURE						1/27-10	7	
	Signature, typed or printed name of registered agent	and title if autologicable (NOTE	Registered Agent signature	e required when reinstating	L.	DATE (
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution.								
	-			\$5.00 May Be Added to Fees		with s. 607.193(2)(b), d not receive the prior		
	-	Trust Fund Contri		Added to Fees	corporation did		notice.	
10.	ue by September 14, 2007 OFFICERS AND	Trust Fund Contri	11.	Added to Fees ADDITIO	corporation did	ficers AND DIRECTOR	notice.	
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #