2008 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Mar 19, 2008 08:00 Al DOCUMENT # P04000164973 **Secretary of State** 1. Entity Name JIM FINLEY PAPER HANGING INC Principal Place of Business Mailing Address 682 GOSSAMER WING WAY 682 GOSSAMER WING WAY SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 03172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1958178 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINLEY, JAMES P JR DO NOT WRITE 682 GOSSAMER WING WAY SEBASTIAN, FL 32958 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent maneture required when remetaling)

9. Election Campaign Financing

After May 1, 2008 Fee will be \$550.00		
10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	FINLEY, JAMES P JR	
STREET ADDRESS	682 GOSSAMER WING WAY	

FILE NOWILL FEE IS \$150.00

04/03/08-80058-003 150.00

\$5.00 May Be

Added to Fees

CITY-ST-ZIP SEBASTIAN, FL 32958 TITLE NAME STREET ADDRESS COY-ST-ZIP TIRE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-7P TITLE STREET ADDRESS

DO NOT WRITE IN THIS SPACE

U00000862597

12. I hereby certify that the information supplied with this filling 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 in 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 in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. 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.

CITY-ST-ZIP

Applied For

Not Applicable