

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000043798

Entity Name: ABOVE AL WALL COVERING, INC

FILED  
Oct 09, 2006  
Secretary of State

## Current Principal Place of Business:

102 JUSTINE DRIVE  
SEBASTIAN, FL 32958

## New Principal Place of Business:

480 ARBOR STREET  
SEBASTIAN, FL 32958

## Current Mailing Address:

102 JUSTINE DRIVE  
SEBASTIAN, FL 32958

## New Mailing Address:

480 ARBOR STREET  
SEBASTIAN, FL 32958

FEI Number: 20-2450677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PICCA, MICHAEL  
102 JUSTINE DRIVE  
SEBASTIAN, FL 32958 US

## Name and Address of New Registered Agent:

PICCA, MICHAEL  
480 ARBOR STREET  
SEBASTIAN, FL 32958 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: MICHAEL PICCA

10/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PICCA, MICHAEL  
Address: 102 JUSTINE DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: V ( ) Delete  
Name: PICCA, VIRGINIA L  
Address: 102 JUSTINE DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PICCA, MICHAEL  
Address: 480 ARBOR STREET  
City-St-Zip: SEBASTIAN, FL 32958

Title: V (X) Change ( ) Addition  
Name: PICCA, VIRGINIA L  
Address: 480 ARBOR STREET  
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL PICCA

PRES

10/09/2006

Electronic Signature of Signing Officer or Director

Date