2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P07000023168

Entity Name: PREMIUM WALLCOVERING SERVICES, INC.

Current Principal Place of Business:

6345 PARK STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

6345 PARK STREET
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 41-2230719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENZUELA, RAMON A
6345 PARK STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1372523
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC 01/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMPBELL, HOLLY L
Address: 6345 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD ( ) Delete
Name: VALENZUELA, RAMON A
Address: 6345 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD (X) Delete
Name: KNASH, CLARK A
Address: 6345 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAMPBELL, HOLLY L
Address: 6345 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Change ( ) Addition
Name: VALENZUELA, RAMON A
Address: 6345 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition
Name:
Address:
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: CHRISTINA CLARK FOR HOLLY CAMPBELL P 01/08/2009
Electronic Signature of Signing Officer or Director Date