

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 022 ***150.00

DOCUMENT # P07000082277					
1. Entity Name MICHAEL'S WALL COVERING, INC.					
Principal Place of Business 5310 26TH ST W. SUITE 2902 BRADENTON, FL 34207			Mailing Address 5310 26TH ST W. SUITE 2902 BRADENTON, FL 34207		
2. Principal Place of Business - No P.O. Box # 5410 23 ST CT W A		3. Mailing Address 5410 23 ST CT west			
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A			
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 87-0810152	
Zip 34207		Country USA		Zip 34207	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUGGS, MICHAEL B 5310 26TH ST W. SUITE 2902 BRADENTON, FL 34207			7. Name and Address of New Registered Agent Name: Michael Suggs Street Address (P.O. Box Number is Not Acceptable): 5410 23 ST CT west A City: Bradenton FL Zip Code: 34207		
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: <u>Michael Suggs</u> DATE: <u>4-25-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUGGS, MICHAEL B 5310 26TH ST W. SUITE 2902 BRADENTON, FL 34207		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael Suggs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-25-08</u>		Daytime Phone #: <u>(941) 812-0243</u>