

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000104959

FILED  
Jun 20, 2008  
Secretary of State

Entity Name: CALLEGARI WALL SYSTEMS, INC.

## Current Principal Place of Business:

1649 W WAYCROSS CIRCLE  
DELTONA, FL 32725 US

## New Principal Place of Business:

## Current Mailing Address:

1649 W WAYCROSS CIRCLE  
DELTONA, FL 32725 US

## New Mailing Address:

FEI Number: 26-1125006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALLEGARI, ANTHONY  
1649 W WAYCROSS CIRCLE  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete  
Name: CALLEGARI, ANTHONY  
Address: 1649 W WAYCROSS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

Title: VP,S ( ) Delete  
Name: CALLEGARI, TERESA  
Address: 1649 W WAYCROSS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: CALLEGARI, ANTHONY  
Address: 1649 W WAYCROSS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

Title: T,D (X) Change ( ) Addition  
Name: CALLEGARI, TERESA  
Address: 1649 W WAYCROSS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

Title: S,D ( ) Change (X) Addition  
Name: RAMSEY, JANICE  
Address: 1649 W. WAYCROSS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

Title: VP,D ( ) Change (X) Addition  
Name: RAMSEY, HAROLD  
Address: 1649 W. WAYCROSS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

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: ANTHONY CALLEGARI

P,D

06/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date