2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 08:00 AM DOCUMENT # P93000070641 **Secretary of State** GREGGS WALLPAPER AND PAINTING, INC. Mailing Address Principal Place of Business 1606 COTTONWOOD TER 1606 COTTONWOOD TER DUNEDIN, FL 34698 DUNEDIN, FL 34698 03192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3205623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PEASE, THOMAS E DO NOT WRITE 29605 US 19 N **STE 130** IN THIS SPACE CLEARWATER, FL 34621 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. It am familiar with, and accept the obligations of registered agent SIGNATURE Synature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnetize required when renetating) DATE \$5.00 May Be P. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. . Added to Fees U00000478865 94/08/06-80022-093-158.M OFFICERS AND DIRECTORS 10. TITLE ORESTE, GREGG NAME STREET ADORESS 1606 COTTONWOOD TER CITY-ST-ZIP DUNEDIN, FL 34696 TITLE NAME STREET ADDRESS CRY-ST-7P NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ACCORESS CITY-ST-ZIP

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 either like empowered.

SIGNATURE:

TRILE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(72) 560-9825

FILED