2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 Al **DOCUMENT # P94000018442** 1. Entity Name Secretary of State CUSTOM WALLPAPER INSTALLATION, INC. Principal Place of Business Mailing Address 7664 90TH WAY NORTH SEMINOLE FL 33777 7664 90TH WAY NORTH SEMINOLE FL 33777 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3232567 Not Applicable Ζφ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIMARCO, CHARLES Street Address (P.O. Box Number is Not Acceptable) 7664 90TH WAY NORTH SEMINOLE FL 33777 City Zip Code 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 Solution, typed or chand pentil of rou stand agent and the Tappicacie floTE_Fegistried Agent's grinture required when reinstituting) DATE FILE NOW!!!-FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Dercte TITLE ☐ Change ■ Addition DIMARCO, CHARLES NAME NAME 7664 90TH WAY NORTH STREET ADDRESS STREET ADDRESS LARGO FL 34647 CITY - ST- ZIP OHY ST-7IP TITLE ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Derete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Darete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De⊧ele ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Deiete TITLE Change Acdition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

Ounce P Pees.

STREET ADDRESS

CITY-ST-ZIP

STREET ACCRESS

CITY -ST-ZIP

SIGNATURE: Charles DiMARCO 1-28-08 727-391-427