2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P94000077778 1. Entity Name DAN ODUM'S WALLCOVERINGS, INC.				05-02-2006 90235 027	***150.00	
Principal Place of Business 158 PALM RIVER BLVD. NAPLES, FL 34110 Mailing Address 158 PALM RIVER BLVD. NAPLES, FL 34110				60034048		
2. Principal Place of Business 58 300 ST		3. Mailing Address 58 3ep ST				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		04252006 Chg-P CR2E034 (11	/05) Applied For	
BONITA SPENGS, FL Zip 34134 Lee 6. Name and Address of Current F		BONITA SPEN	ountry		Not Applicable 5 Additional	
391.	6. Name and Address of Currer	34/34	LOE	Tee Ri	equired	
	b. Name and Address of Currer	it Kegistered Agent	Name	7. Name and Address of New Registered Agent		
ODUM, DANIEL 650 107TH AVE. NORTH NAPLES, FL				Street Address (P.O. Box Number is Not Acceptable)		
NAPLES, FL			58	58 3RD ST		
			CityBow	City BONITA SPRINGS FL 34/34		
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 Signature. Typed or privated papert and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	·		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
NAME STREET ADDRESS CITY-ST-ZIP	D ODUM, DANIEL 158 PALM RIVER BLVD. NAPLES, FL 34110		NAME STREET ADDRESS 158	UM DANNEL 3 PARM BUMB BLUD ADLOS, FL 39170	hange [] Addilion	
THILE NAME STREET ADDRESS CHY-ST-ZIP			STREET ADDRESS 58	OUM, DANIEL BROST NITA SPRNS, FL 34134	hange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-S1-ZIP	_ ci	hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ c	hange 🗌 Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		change 🗋 Addition	
12 Lherehy	certify that the information supplied v	vith this filing does not qualify for the	e exemptions contain	ed in Chapter 119, Florida Statutes. I further certify the e same legal effect as if made under oath; that I am an	nt the information	

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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date Date

Dayline Prome #