## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2008, 08:00 Al Secretary of State DOCUMENT # P97000002358 MURAL, MURAL ON THE WALL, INC. Principal Place of Business Mailing Address **7514 NW 70 AVENUE** 7514 NW 70 AVENUE TAMARAC, FL 33321 TAMARAC, FL 33321 03182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0814708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAHOUD, YVONNE V DO NOT WRITE **7514 NW 70 AVENUE** TAMARAC, FL 33321 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE SHAHOUD, YVONNE V NAME STREET ADDRESS 7514 NW 70 AVE U00000880469 04/15/08-80062-006 150.00 CITY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE 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 gither like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

3/18/08

IN THIS SPACE

Daytime Phone ∉

**FILED**