2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000010647

1. Entity Name
SHOWCASE WALLCOVERINGS, INC.

Principal Place of Business	Mailing Address
7417 SE 32ND PLACE BRADENTON, FL 34202	7417 SE 32ND PLACE BRADENTON, FL 34202

04272005 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business	3. Mailing Address
7417 Vista Way	Same
Suite, Apt. #, etc.: #108	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State
Zip: 34202 Country: ~~AA~~ USA	Zip Country

4. FEI Number: 59-3556256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HENDERSON, ROBERT C JR. 5444 SE 32ND PL OCALA, FL 34471	☐ Delete	PST Henderson, Robert C Jr. 7417 Vista Way #108 Bradenton, FL 34202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENDERSON, MARIANNE 5444 SE 32ND PL OCALA, FL 34471	☐ Delete	VP ~~no~~ Henderson, Marianne 7417 Vista Way #108 Bradenton, FL 34202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300054667813 05/17/05--01026--012 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marianne Henderson 4/27/05 941-366-2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #