

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S27273

Entity Name: PICTURE WALL, INC.

FILED  
Mar 30, 2007  
Secretary of State

## Current Principal Place of Business:

12836 US HWY #1  
134 CAPE POINTE CIR  
JUNO BEACH, FL 33408 US

## New Principal Place of Business:

## Current Mailing Address:

12836 US HWY #1  
134 CAPE POINTE CIR  
JUNO BEACH, FL 33408 US

## New Mailing Address:

FEI Number: 65-0244778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, BARRY  
134 CAPE POINTE CIRCLE  
SUITE 204  
JUPITER, FL 33477 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WOOD, BARRY,  
Address: 134 CAPE POINT CIR  
City-St-Zip: JUPITER, FL

Title: VP ( ) Delete  
Name: WOOD, SUE  
Address: 134 CAPE POINT CR  
City-St-Zip: JUPITER, FL 33477

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY WOOD

PRES

03/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date