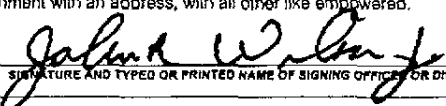


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 161947 1. Entity Name KEY WALLCOVERINGS, INC.		
Principal Place of Business HAMILTON BOULEVARD POST OFFICE BOX 717 THEODORE, AL 36590-0717		Mailing Address HAMILTON BOULEVARD POST OFFICE BOX 717 THEODORE, AL 36590-0717
DO NOT WRITE IN THIS SPACE		
		 01052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-0632452 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MIKE LESTER 249 PACK STREET JACKSONVILLE, FL 32204		DO NOT WRITE 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 _____ Signature typed or printed name of registered agent 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		000000501960 04/25/06-80082-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, JAMES V 4775 HAMILTON BLVD. THEODORE, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, JOHN R 4775 HAMILTON BLVD. THEODORE, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WILLIAMS, R A 4775 HAMILTON BLVD. THEODORE, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/6/2006 Date 251 498 0405 Daytime Phone #