2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# P06000145112

Entity Name: DOUGLAS OLIVEIRA DRYWALL, INC.

Current Principal Place of Business:

4574 SW TABOR ST
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

1380 SUMMIT PINES BLVD
APT# 510
WEST PALM BEACH, FL 33415 US

Current Mailing Address:

4574 SW TABOR ST
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

1380 SUMMIT PINES BLVD
APT# 510
WEST PALM BEACH, FL 33415 US

FEI Number: 20-5917526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVEIRA, DOUGLAS CARLOS
4574 SW TABOR ST
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

OLIVEIRA, DOUGLAS C
1380 SUMMIT PINES BLVD
APT# 510
WEST PALM BEACH, FL 33415 US

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: DOUGLAS C OLIVEIRA 01/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: OLIVEIRA, DOUGLAS CARLOS
Address: 4574 SW TABOR ST
City-St-Zip: ST PORT LUCIE, FL 34953

Title: VP,D (X) Delete
Name: DE ASSIS, EVERALDO F
Address: 4574 SW TABOR ST
City-St-Zip: ST PORT LUCIE, FL 34953 US

Title: D (X) Delete
Name: DE CAMPOS, LEONAN EDUARDO L
Address: 4574 SW TABOR ST
City-St-Zip: ST PORT LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition
Name: OLIVEIRA, DOUGLAS C
Address: 1380 SUMMIT PINES BLVD APT# 510
City-St-Zip: WEST PALM BEACH, FL 33415 US

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: DOUGLAS C OLIVEIRA P, D 01/12/2007
Electronic Signature of Signing Officer or Director Date