


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000044511**

1. Entity Name  
**CHAPCO DRYWALL INC.**



Principal Place of Business <b>3133 FORTUNE WAY          SUITE 1          WEST PALM BEACH, FL 33414</b>	Mailing Address <b>3133 FORTUNE WAY          SUITE 1          WEST PALM BEACH, FL 33414</b>
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01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0455951</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**LIPMAN, HOWARD R  
 4449 WELLINGTON SHORES DR  
 WELLINGTON, FL 33467**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$350.00**

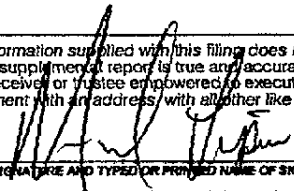
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIPMAN, HOWARD R. 4449 WELLINGTON SHORES DR WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LIPMAN, FREDERICA 4449 WELLINGTON SHORES DR WELLINGTON, FL 33467
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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:  DATE: **1-11-06** DAYTIME PHONE #: **561-7985294**