

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Mar 24, 2005
Secretary of State**

DOCUMENT# J12975

Entity Name: WALL SYSTEMS, INC. OF SOUTHWEST FLORIDA

Current Principal Place of Business:

4395 CORPORATE SQUARE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4395 CORPORATE SQUARE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2679657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, KIMBERLY LEACH
4501 TAMIAMI TRAIL NORTH
SUITE 204
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUDD, RUSSELL A
Address: 5981 SHADY OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: TSD () Delete
Name: FORD, GREGORY C
Address: 2004 IMPERIAL GOLF COURSE BV
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: HAAS, CRAIG L
Address: 345 SWEET BAY LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: BROUSSEAU, GERRY L
Address: 935 16TH AVE NE
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUSSELL A BUDD

PD

03/24/2005

Electronic Signature of Signing Officer or Director

_____ Date