


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90033 043 \*\*\*150.00

<b>DOCUMENT # K67689</b>		
1. Entity Name C. N. S. DRYWALL, INC.		
Principal Place of Business 1428 HAMPTON PARK LANE MELBOURNE FL 32940		Mailing Address 1428 HAMPTON PARK LANE MELBOURNE FL 32940
2. Principal Place of Business 3109 SKYWAY CIRCLE	3. Mailing Address 3109 SKYWAY CIRCLE	
Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106	
City & State MELBOURNE, FL	City & State MELBOURNE, FL	
Zip 32934	Country USA	4. FEI Number 59-2934695
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent



1st MOORE CR2E034 (10/05)

SOLER, CONRADO 632 CEDAR FOREST CIR ORLANDO FL 32828		Name CONRAD SOLER	
		Street Address (P.O. Box Number is Not Acceptable) 2162 SIROCO LANE	
		City MELBOURNE	FL Zip Code 32934
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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>			

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLER, CONRAD 1428 HAMPTON PARK LN MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or 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:**  **CONRAD SOLER** 2-14-06 321-752-4970  
Signature and typed or printed name of signing officer or director Date Daytime Phone #