2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2005 08:00 AM **DOCUMENT # L01258 Secretary of State** 1. Entity Name MACK'S PLASTERING, INC. Principal Place of Business Mailing Address 420 NW 27TH AVE 1760 NW 36TH TERRACE FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL 33311-4128 02062005 No Chg-P CR2E034 (10/03) WARTE IN THIS SPACE Applied For 4. FEI Number 65-0131895 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GASKINS, LENNIE THE RESERVED WHITE 1760 NW 36TH TERR FT, LAUDERDALE, FL 33311 1. 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 Stondure, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE GASKINS, MACK L. NAME U00000225161 02/11/05-80025-014 150.00 STREET ADDRESS 1760 NW 36TH TERRACE CITY-ST-ZIP FT. LAUDERDALE, FL 333114128 DV TITLE GASKINS, LENNIE 1780 NW 36TH TERRACE STREET ADDRESS FT, LAUDERDALE, FL 333114128 CITY-ST-ZIP TITLE S GASKINS, THEDIUS M. NAME STREET ADDRESS 1760 NW 36TH TERRACE . १९ ६ ०७५८ हुई। सुर्भ **हेन्द्र हु हेन्**द्र FT, LAUDERDALE, FL 333114128 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental 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:

FILED