2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P00000005983 Entity Name M. R. DRYWALL TEXTURING, INC. Principal Place of Business Mailing Address 885 CALAFUT COURT OVIEDO FL 32765 885 CALAFUT COURT OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3626805 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHFUSS, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 212 NEEDHAM CT. **OVIEDO FL 32765** Zip Code City FL 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 access the obligations of registered agent SIGNATURE (NOTE: Registered Agent eignature required when remaining) FILE NOW!!! FEE IS \$150.00 \$5.00 May 2 Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 🔲 Change 💢 Addin TITLE Delete RITLE Union 11/14577 NAME ROTHFUSS, MATTHEW 04/26/06-80078-001 150.M STREET ADDRESS 885 CALAFUT COURT STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Delete 1333 F Change Addition TITLE MAINE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change Anton. TOTE TITLE D Oetete NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TALE 🔲 ก็นี้นี่ใช้จัก NAME NAME STREET ADDRESS STREET ADDRESS City-St-70 CHY-ST-ZIP ☐ Change Addition TITLE ☐ Deiete TITUE NAME NAME STREET ADDRESS STREET ADDRESS City-\$7-ZIP City-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 of 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:

4-10-06

**FILED**