


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000046439 1. Entity Name FANTASY DRYWALL, INC.	
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Principal Place of Business 135 ARBOR LN EDGEWATER, FL 32141	Mailing Address P.O. BOX 861 EDGEWATER, FL 32132
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3719468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAVY, BENJAMIN
25 PINE CONE DRIVE
PALM COAST, FL 32164**

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, RANDY P O BOX 861 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, CAROL PO BOX 861 EDGEWATER, FL 32132
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02/23/07-80019-005 150.00

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:  **Randy Stewart/President** **2/9/07** **(386) 423-8196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #