


FILED  
Jun 05, 2006 8:00 am  
Secretary of State

06-05-2006 90147 039 \*\*\*558.75

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000020352			
1. Entity Name FREEDOM DRYWALL, INC.			
Principal Place of Business 4106 W. OSBORNE AVENUE TAMPA, FL 33614		Mailing Address P.O. BOX 15515 TAMPA, FL 33684	
2. Principal Place of Business 1546 MARUMBI CT. Suite, Apt. #, etc.		3. Mailing Address 1546 MARUMBI CT. Suite, Apt. #, etc.	
City & State WESLEY CHAPEL FL.		City & State WESLEY CHAPEL FL.	
Zip 33543		Country	
4. FEI Number 02-0553600		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLNIER, DENNIS 4106 W. OSBORNE AVENUE TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Dennis Bellnier</u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>6-1-06</u>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLNIER, DENNIS 4106 W. OSBORNE AVENUE TAMPA, FL 33614 <input checked="" 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	OWNER DENNIS BELLNIER 1546 MARUMBI CT. WESLEY CHAPEL FL. 33543 <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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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: <u>Dennis Bellnier</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DENNIS BELLNIER 6-1-06 813 426 5055 Date Daytime Phone #	