2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043712

Entity Name: COMMERCIAL, DRYWALL & ACOUSTICAL INC.

FILED Mar 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4000 GULF TERRACE #187

DESTIN, FL 32543

New Mailing Address: Current Mailing Address:

4000 GULF TERRACE #187 DESTIN, FL 32543

FEI Number: 36-4494926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SMITH, CLYDE R SMITH, CLYDE R 4970 ROLLING FIELD LANE 4075 DANCING CLOUD CT DESTIN, FL 32541 HOLT, FL 35404

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.

SIGNATURE: CLYDER SMITH 03/08/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WELCH, BRANDON WELCH, BRANDON Name: Name:

613 THIRD AVENUE 174 BENT ARROW DR. Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

VPD Title: VPD (X) Change () Addition Title: () Delete Name: WELCH, CHRIS Name: WELCH, CHRIS

813 THIRD AVENUE 174 BENT ARROW DR. Address: Address: DESTIN, FL 32541 DESTIN, FL 32541 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SD () Delete SD

WELCH, LEA SMITH, CLYDE R Name: Name:

4000 CIVIL TERRACE #187 4970 ROLLING FIELD LANE Address: Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: HOLT, FL 35404

Title: () Delete Title: (X) Change () Addition WELCH, LEE SMITH, CLYDE R Name:

Name:

Address: 8200 LAIRD STREET Address: 4970 ROLLING FIELD LANE

City-St-Zip: City-St-Zip: PANAMA CITY BEACH, FL 32408 HOLT, FL 35404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDER SMITH SD 03/08/2005