


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90335 017 ***150.00

DOCUMENT # P03000050585 1. Entity Name COAST TO COAST DRYWALL & PLASTERING, INC.			
Principal Place of Business 180 NW 151 AVE PEMBROKE PINES, FL 33028		Mailing Address 180 NW 151 AVE PEMBROKE PINES, FL 33028	
2. Principal Place of Business 400 NW 16TH STREET		3. Mailing Address 400 NW 16TH STREET	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HONESTEAD, FL		City & State HONESTEAD, FL	
Zip 33030		Zip 33030	
Country USA		Country USA	
4. FEI Number 51-0464862		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORES, MARIA 180 NW 151 AVE PEMBROKE PINES, FL 33028		7. Name and Address of New Registered Agent Name FLORES, MARIA Street Address (P.O. Box Number is Not Acceptable) 400 NW 16TH STREET City HONESTEAD FL 33030	
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: <i>X Maria Flores</i> PRESIDENT 04/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	DP FLORES, MARIA 180 NW 151 AVE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORES, MARIA 400 NW 16TH ST HONESTEAD, FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>X Maria Flores</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/12/05 (305) 305-7166 <small>Date Daytime Phone #</small>	

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04122005 Chg-P CR2E034 (10/03)