


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90720 017 ***150.00

DOCUMENT # P03000080815		
1. Entity Name ARNETTI DRYWALL, INC.		

Principal Place of Business 4759 PEPPERGRASS STREET MIDDLEBURG, FL 32068 US	Mailing Address 4759 PEPPERGRASS STREET MIDDLEBURG, FL 32068 US
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2. Principal Place of Business 4316 Chokeberry Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1206 Suite, Apt. #, etc.
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City & State Middleburg FL	City & State Middleburg FL
Zip 32068	Zip 32050-1206
Country USA	Country USA

6. Name and Address of Current Registered Agent

FARIAS, HEATHER L 4759 PEPPERGRASS STREET MIDDLEBURG, FL 32068

04282004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0792925	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name Heather Farias
Street Address (P.O. Box Number is Not Acceptable) 4316 Chokeberry Road
City Middleburg
State FL
Zip Code 32068

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: **Heather Farias** DATE: **4-30-04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P	<input type="checkbox"/> Delete
NAME FARIAS, HEATHER L	
STREET ADDRESS 4759 PEPPERGRASS STREET	
CITY-ST-ZIP MIDDLEBURG, FL 32068	
TITLE VP	<input type="checkbox"/> Delete
NAME HILL, DANA M	
STREET ADDRESS 4759 PEPPERGRASS STREET	
CITY-ST-ZIP MIDDLEBURG, FL 32068	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Heather Farias	
STREET ADDRESS 4316 Chokeberry Rd	
CITY-ST-ZIP Middleburg, FL 32068	
TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Anthony Thompson	
STREET ADDRESS 4316 Chokeberry Rd	
CITY-ST-ZIP Middleburg, FL 32068	
TITLE Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Dana M Hill	
STREET ADDRESS 4316 Chokeberry Rd.	
CITY-ST-ZIP Middleburg, FL 32068	
TITLE Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rence Ward	
STREET ADDRESS 4316 Chokeberry Rd.	
CITY-ST-ZIP Middleburg, FL 32068	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Heather Farias** **Heather Farias** **4-30-04** **904-449-0635**