

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90027 006 ***150.00

DOCUMENT # P03000106142 1. Entity Name F.A.B. DRYWALL, INC.					
Principal Place of Business 1616 KENDRICK DR. E KISSIMMEE, FL 34741			Mailing Address 1616 KENDRICK DR. E KISSIMMEE, FL 34741		
2. Principal Place of Business 2638 QUAIL RUN Suite, Apt. #, etc. BIVD			3. Mailing Address 2638 QUAIL RUN BIVD Suite, Apt. #, etc.		
City & State Kissimmee, Florida		City & State Kissimmee, Florida		4. FEI Number 74-3105715	
Zip 34744	Country OSCEOLA	Zip 34744	Country OSCEOLA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONILLA, ANGEL 1616 KENDRICK DR. E KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name ANGEL BONILLA Street Address (P.O. Box Number is Not Acceptable) 2638 QUAIL RUN BIVD City KISSIMMEE FL Zip Code 34744	
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 X ANGEL BONILLA DATE 01/16/06 <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, 2006 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. DEPARTMENTS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BONILLA, ANGEL 1616 KENDRICK DR. E KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONILLA, BLAS 1616 KENDRICK DR. E KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, NELSON 1616 KENDRICK DR. E KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: X ANGEL BONILLA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				01-16-06 707-340-0351 <small>Date Daytime Phone #</small>	