

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107187

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE ORIGINAL LIQUID STUCCO, INC.

Current Principal Place of Business:

4624 N POWERLINE RD
DEERFIELD BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

5257 CLEVELAND ST.
STE 109
VIRGINIA BEACH, VA 23462

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: DYKES, WALT
Address: 5257 CLEVELAND ST. STE 109
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: VD () Delete
Name: DEATHRIDGE, GREG
Address: 5257 CLEVELAND ST. STE 109
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: SD (X) Delete
Name: DYKES, TINA
Address: 5257 CLEVELAND ST. STE 109
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: TD () Delete
Name: HAWKS, MELINDA
Address: 5257 CLEVELAND ST. STE 109
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: CHRM () Delete
Name: DEATHRIDGE, GREG
Address: 5257 CLEVELAND ST. STE 109
City-St-Zip: VIRGINIA BEACH, VA 23462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DEATHRIDGE, GREG
Address: 5257 CLEVELAND ST. STE 109
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HAWKS, MELINDA
Address: 5257 CLEVELAND ST. STE 109
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MELINDA HAWKS

ST

04/30/2005

Electronic Signature of Signing Officer or Director

Date