


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124340		
1. Entity Name QUALITY DRYWALL OF N.W. FLORIDA, INC.		

**FILED**  
05 JAN 12 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 133 NICOLE LANE CRESTVIEW, FL 32539	Mailing Address 133 NICOLE LANE CRESTVIEW, FL 32539
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2. Principal Place of Business 5400 Blackfoot Trail	3. Mailing Address 5400 Blackfoot Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crestview, FL	City & State Crestview, FL
Zip 32536	Zip 32536
Country	Country

12022004 Chg-P CR2E034 (10/03)	
4. FEI Number 05-0591653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROY, DAVID 133 NICOLE LANE CRESTVIEW, FL 32539	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5400 Blackfoot Trail City Crestview FL Zip Code 32536	


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROY, DAVID 133 NICOLE LANE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5400 Blackfoot Trail Crestview, FL 32536 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYSCUE, JASON 133 NICOLE LANE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5400 Blackfoot Trail Crestview, FL 32536 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROY, CATHY 133 NICOLE LANE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5400 Blackfoot Trail Crestview, FL 32536 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700043796277 01/03/05--01020--009 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700043796277 01/20/05--01039--012 ***88.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: David S. Roy, President  Dec. 31, 2004 (850) 682-0781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #