
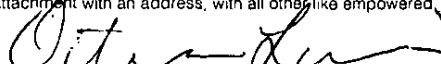


**2006 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000133953			
1. Entity Name OCTAVIO LANCIERI DRYWALL, INC			
Principal Place of Business 942 SW NICHOLS TERRACE PORT SAINT LUCIE, FL 34953 US		Mailing Address 942 SW NICHOLS TERRACE PORT SAINT LUCIE, FL 34953 US	
DO NOT WRITE IN THIS SPACE		05172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 42-1610345	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANCIERI, OCTAVIO S 942 SW NICHOLS TERRACE PORT SAINT LUCIE, FL 34953			
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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P LANCIERI, OCTAVIO S 942 SW NICHOLS TERRACE PORT SAINT LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP LANCIERI, OCTAVIO S 942 SW NICHOLS TERRACE PORT SAINT LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SEC LANCIERI, OCTAVIO 942 SW NICHOLS TERRACE PORT SAINT LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TRES LANCIERI, OCTAVIO S 942 SW NICHOLS TERRACE PORT SAINT LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		7-13-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	