


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90031 021 \*\*\*150.00

<b>DOCUMENT # P03000136865</b>		
1. Entity Name <b>CORREIA DRYWALL FINISHING, INC.</b>		

00010000



02142006 Chg-P CR2E034 (11/05)

Principal Place of Business <b>662 SE WALTERS TER. PORT SAINT LUCIE, FL 34983 US</b>		Mailing Address <b>662 SE WALTERS TER. PORT SAINT LUCIE, FL 34983 US</b>	
2. Principal Place of Business <b>1752 SW Anderson St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1752 SW Anderson St.</b> Suite, Apt. #, etc.	
City & State <b>Port Saint Lucie, FL</b> Zip <b>34953</b> Country <b>US</b>		City & State <b>Port Saint Lucie, FL</b> Zip <b>34953</b> Country <b>US</b>	

4. FEI Number <b>20-0414119</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent <b>BROWN, ELIZABETH M 3094 JOG ROAD GREENACRES, FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P,VP CORREIA, HELIO M 662 SE WALTERS TER. PORT SAINT LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP CORREIA, HELIO M. 1752 SW Anderson Street Port Saint Lucie, FL 34953 <input checked="" 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
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
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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 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: Helio M. Correia **HELIO M. CORREIA** 02-14-06 (772) 873-3796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #