

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 13, 2007 8:00 am  
Secretary of State**

03-13-2007 90013 042 \*\*\*150.00

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DOCUMENT # P03000136865			
1. Entity Name CORREIA DRYWALL FINISHING, INC.			
Principal Place of Business 1752 SW ANDERSON ST PORT SAINT LUCIE, FL 34953 US		Mailing Address 1752 SW ANDERSON ST PORT SAINT LUCIE, FL 34953 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	
6. Name and Address of Current Registered Agent			
BROWN, ELIZABETH M 3094 JOG ROAD GREENACRES, FL 33467			
7. Name and Address of New Registered Agent			
Name <b>JEAN CORREIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1752 S.W. ANDERSON ST</b> City <b>PORT ST LUCIE</b> FL Zip Code <b>34953</b>			
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.			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P. VP</b> NAME <b>CORREIA, HELIO M</b> STREET ADDRESS <b>1752 SW ANDERSON STREET</b> CITY-ST-ZIP <b>PORT SAINT LUCIE, FL 34953</b>		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE: Helio M. Correia, Helio M. Correia, Proj. # 03-0707 (772) 873-3796</b>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	
		Date	Daytime Phone #