

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90112 022 \*\*\*158.75

<b>DOCUMENT # P03000137061</b>						
<b>1. Entity Name</b> JCA DRYWALL INC						
<b>Principal Place of Business</b> 2400 ABBY DR., APT 202 KISSIMMEE, FL 34741			<b>Mailing Address</b> 2400 ABBY DR., APT 202 KISSIMMEE, FL 34741			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		02042005    Chg-P    CR2E034 (10/03)		
<b>4. FEI Number</b> 20-0435434				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<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> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> D	<b>NAME</b> HERNANDEZ, JORGE		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Hernandez, Jorge	
<b>STREET ADDRESS</b> 3831 BOWLINE CIRCLE APT103	KISSIMMEE, FL 32833		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 2400 Abby Dr. Apt. 202	KISSIMMEE, FL 34741	
<b>CITY-ST-ZIP</b>	KISSIMMEE, FL 32833		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	KISSIMMEE, FL 34741	
<b>TITLE</b> AD	<b>NAME</b> HERNANDEZ, GEOVANIA		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> AD	<b>NAME</b> PORTILLO, AYALA ALBA	
<b>STREET ADDRESS</b> 3831 BOWLINE CIRCLE APT 103	KISSIMMEE, FL 32833		<input checked="" type="checkbox"/> Delete	<b>STREET ADDRESS</b> 2400 ABBY DR APT 202	KISSIMMEE, FL 34741	
<b>CITY-ST-ZIP</b>	KISSIMMEE, FL 32833		<input checked="" type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	KISSIMMEE, FL 34741	
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>TITLE</b> NAME	STREET ADDRESS		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	STREET ADDRESS	
<b>CITY-ST-ZIP</b>	CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b>	CITY-ST-ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>						
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 3-10-05    Daytime Phone #		