

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90388 002 ***150.00

DOCUMENT # P03000143824

1. Entity Name
JBD DRYWALL, INC.



Principal Place of Business
 2417 QUAIL HOLLOW CT
 KISSIMMEE, FL 34744 US

Mailing Address
 2417 QUAIL HOLLOW CT
 KISSIMMEE, FL 34744 US



2. Principal Place of Business
2430 Peace Cir
 Suite, Apt. #, etc.

3. Mailing Address
2430 Peace Cir.
 Suite, Apt. #, etc.

03292006 Chg-P CR2E034 (11/05)

City & State
Kissimmee FL
 Zip **34758** Country

City & State
Kissimmee FL
 Zip **34758** Country

4. FEI Number
APPLIED FOR 90-0126015 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRUZ, JOSE
 2417 QUAIL HOLLOW CT
 KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name **Jose I Cruz**
 Street Address (P.O. Box Number is Not Acceptable)
2430 Peace Cir
 City **Kissimmee FL** Zip Code **34758**

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	CRUZ, JOSE	2417 QUAIL HOLLOW CT	KISSIMMEE, FL 34744	<input type="checkbox"/>
S	TORRES, BENJAMIN	2417 QUAIL HOLLOW CT	KISSIMMEE, FL 34744	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	JOSE CRUZ	2430 PEACE CIRCLE	KISSIMMEE FL 34758	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: JOSE I CRUZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #