

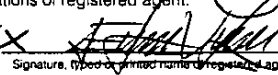
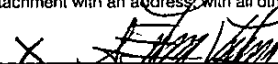


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90539 031 ***158.75

DOCUMENT # P03000146832 1. Entity Name S.E.V. DRYWALL FINISHING INC					
Principal Place of Business 1600 KENDRICK DR APT #B KISSIMMEE, FL 34741 US			Mailing Address 1600 KENDRICK DR APT #B KISSIMMEE, FL 34741 US		
2. Principal Place of Business 296 Flower Lane Suite, Apt. #, etc. Apt 6 City & State Kissimmee Zip FL		3. Mailing Address 296 Flower Lane Suite, Apt. #, etc. Apt 6 City & State Kissimmee Zip FL			
4. FEI Number 83-0378591		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENCIA, SANDRA E 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name Sandra Valencia Street Address (P.O. Box Number is Not Acceptable) 296 Flower Lane City Kissimmee <div style="display: inline-block; text-align: right;"> FL Zip Code 34743 </div>		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENCIA, SANDRA E 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIERRA, MORRIS A 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALENCIA, JOSE M 2865 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/29/05		