

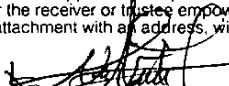


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90178 033 \*\*\*150.00

<b>DOCUMENT # P03000153320</b> 1. Entity Name <b>NV DRYWALL CORPORATION</b>					
Principal Place of Business <b>6110 DUNCAN RD RIVERVIEW, FL 33569</b>			Mailing Address <b>6110 DUNCAN RD RIVERVIEW, FL 33569</b>		
2. Principal Place of Business <b>P.O. BOX 187</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 187</b> Suite, Apt. #, etc.			
City & State <b>RIVERVIEW, FL</b>		City & State <b>RIVERVIEW, FL</b>		4. FEI Number <b>52-2443616</b>	
Zip <b>33568</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VILLEDA, NELSON A 6110 DUNCAN RD RIVERVIEW, FL 33569</b>			7. Name and Address of New Registered Agent Name <b>1</b> Street Address (P.O. Box Number is Not Acceptable) <b>13210 Freshwick Creek Dr</b> City <b>Riverview</b> <b>FL</b> Zip Code <b>33569</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. 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 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VILLEDA, NELSON A P</b> <b>6110 DUNCAN RD</b> <b>RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JWEL PINEDA</b> <b>11344 PALM ISLAND AVE</b> <b>RIVERVIEW, FL 33569</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DE JESUS CHACON, EMMANUEL V</b> <b>6110 DUNCAN RD</b> <b>RIVERVIEW, FL 33569</b> <input checked="" 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	<b>S</b> <b>VILLEDA, JOSE</b> <b>6110 DUNCAN RD</b> <b>RIVERVIEW, FL 33569</b> <input checked="" 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	
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	
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:</b> 			Date <b>4/14/06</b> Daytime Phone # <b>813-426-1081</b>		