


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90281 023 ***150.00

DOCUMENT # P04000000407 1. Entity Name DENNIS NAIL DRYWALL, INC.																																																									
Principal Place of Business 711 ELLERBE WAY LAKELAND, FL 33801			Mailing Address 711 ELLERBE WAY LAKELAND, FL 33801																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																						
City & State			City & State																																																						
Zip		Country		Zip																																																					
Country		Country		4. FEI Number 20-0525290																																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																					
6. Name and Address of Current Registered Agent NAIL, DENNIS 711 ELLERBE WAY LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																					
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.				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																																																									
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P NAIL, DENNIS</td> <td>711 ELLERBE WAY</td> <td>LAKELAND, FL 33801</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P NAIL, DENNIS	711 ELLERBE WAY	LAKELAND, FL 33801		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">Change <input type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Dennis Nail</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>5/06/05</u> 863661-4909 Daytime Phone #																																																					