


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 041 ***158.75

DOCUMENT # P04000014198	
1. Entity Name JUAN A ORELLANA DRYWALL FINISHER, INC.	

Principal Place of Business 2373 NORTH CENTRAL AVENUE APT. B-120 KISSIMMEE, FL 34741	Mailing Address 2373 NORTH CENTRAL AVENUE APT. B-120 KISSIMMEE, FL 34741
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2. Principal Place of Business 1909 MARLBORO AVE Suite, Apt. #, etc.	3. Mailing Address 1909 MARLBORO AVE Suite, Apt. #, etc.
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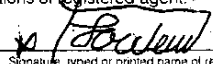
01132006 Chg-P CR2E034 (11/05)

City & State KISSIMMEE FL	City & State KISSIMMEE FL
Zip 34744	Zip 34744
Country Osceola	Country Osceola

4. FEI Number 20-0645759	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORELLANA, JUAN A 2373 NORTH CENTRAL AVENUE APT. B-120 KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name ORELLANA, JUAN A Street Address (P.O. Box Number is Not Acceptable) 1909 MARLBORO AVE City KISSIMMEE FL 34744
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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 	JUAN A ORELLANA, PRESIDENT 1-13-2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORELLANA, JUAN A 2373 NORTH CENTRAL AVENUE, APT. B120 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1909 MARLBORO AVE KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORELLANA, CELINA M 2372 NORTH CENTRAL AVENUE APT B120 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1909 MARLBORO AVE KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACHUCA CABRERA, EDITH YANIRA 2373 NORTH CENTRAL AVENUE APT B120 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSE JESUS MACHUCA 1909 MARLBORO AVE KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELAYA, JUAN 2373 NORTH CENTRAL AVENUE APT B120 KISSIMMEE, FL 34741 <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

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: 	JUAN ORELLANA, PRES 1-13-06 907-334-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	