## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400078826  1. Entity Name BRISK DRYWALL, INC.				FILED 05 JUL -8 PH 4: 24			
Principal Place		Mailing Address	SONT PR				OF STATE E, FLORIDA
712 SE 11TH ATTN: GERAR CAPE CORAL,	RDO ALVAREZ	712 SE 11TH PL ATTN: GERARDO ALVAREZ CAPE CORAL, FL 33990 U	S				
		. <del>.</del>					
	O NOT WRITE	<b>C</b> E	05242005	No Chg-P	CR2E034	(10/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numbe 20-113			Applied For Not Applicable
			1		of Status Desired		.75 Additional Required
	6. Name and Address of Current R	-					
	ORGE ENNES CT.	DO NOT WRITE					
# 201 CAPE CORAL, FL 33904			IN THIS SPACE				
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ed Agent signature required	I when reinstating)		DATE	
FILE NOW!!! FEE IS \$550.00  9. Election Campaign Finar Due by September 7, 2005  Trust Fund Contribution.				.00 May Be			
	ue by September 7, 2005		Add	ed to Fees		<del></del>	
10.	ue by September 7, 2005  OFFICERS AND E	Trust Fund Contribution.	Add	ed to Fees			
10.	OFFICERS AND E	Trust Fund Contribution.	Add	ed to Fees		<del></del>	
10. TITLE NAME STREET ADDRESS	OFFICERS AND E P ALVAREZ, GERARDO 3310 SW 26TH AVENUE	Trust Fund Contribution.	- □ Add	ed to Fees		<b>%</b>	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND E P ALVAREZ, GERARDO	Trust Fund Contribution.	Add	ed to Fees	00057 19/05010	'6510 16005	<b>011 **</b> 8.75
10. TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND E P ALVAREZ, GERARDO 3310 SW 26TH AVENUE	Trust Fund Contribution.	Add	1 07/	00057	'6510	311
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND E P ALVAREZ, GERARDO 3310 SW 26TH AVENUE	Trust Fund Contribution.	Add	1 07/		'6510	111
10.  TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND E P ALVAREZ, GERARDO 3310 SW 26TH AVENUE	Trust Fund Contribution.	Add	1 07/ 07/	00057	<b>'651</b> 0 16006	311
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E P ALVAREZ, GERARDO 3310 SW 26TH AVENUE	Trust Fund Contribution.	Add	1 07/ 07/ DO	00057 19/05010	'6510 16006 <b>/RITE</b>	111
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND E P ALVAREZ, GERARDO 3310 SW 26TH AVENUE	Trust Fund Contribution.	Add	1 07/ 07/ DO IN	00057 19/05010 NOT W	'6510 16006 'RITE PACE	0 <b>11</b> **150.00
10.  TITLE NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP	OFFICERS AND E P ALVAREZ, GERARDO 3310 SW 26TH AVENUE	Trust Fund Contribution.	Add	1 07/ 07/ DO IN	00057 19/05010 NOT W	'6510 16006 'RITE PACE	0 <b>11</b> **150.00
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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)(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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05

Daytime Phone #