2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120121

Entity Name: B & D DRYWALL ENTERPRISE CORP

FILED Feb 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3283 BUTTERFIELD ST. 977 CASCADES PARK TRAILS DELTONA, FL 32738 US DELAND, FL 32720 US

Current Mailing Address: New Mailing Address:

3283 BUTTERFIELD ST. 977 CASCADES PARK TRAILS DELTONA, FL 32738 US DELAND, FL 32720 US

FEI Number: 20-1664519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEGAL ZOOM NEVADA, INC.

44 W. FLAGLER ST.

SUITE 675

MIAMI, FL 33130 US

TURNER, THOMAS D PRES
977 CASCADES PARK TRAIL
DELAND, FL 32720 US

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.

SIGNATURE: THOMAS D. TURNER 02/17/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PRES
 () Delete

 Name:
 TURNER, THOMAS D

 Address:
 3283 BUTTERFIELD ST.

 City-St-Zip:
 DELTONA, FL 32738 US

Title: SECR () Delete
Name: TURNER, KATERINA
Address: 3283 BUTTERFIELD ST.
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TURNER, THOMAS D
Address: 977 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720 US

Title: SECR (X) Change () Addition

Name: TURNER, KATERINA
Address: 977 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. TURNER PRES 02/17/2005