2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# P04000145466

Entity Name: MAGIC DRYWALL DESIGNS INC.

Current Principal Place of Business:

5447 NW MOORHEN TRAIL SUITE 202
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

650 KILDARE ST
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

5447 NW MOORHEN TRAIL SUITE 202
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

650 KILDARE ST
PORT ST. LUCIE, FL 34983 US

FEI Number: 20-1779398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOGUEIRA, ALLISSON R
5447 NW MOORHEN TRAIL SUITE 202
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

NOGUEIRA, ALLISSON R
650 KILDARE ST
PORT ST. LUCIE, FL 34983 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: ALLISSON R NOGUEIRA 05/04/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NOGUEIRA, ALLISSON R
Address: 5447 NW MOORHEN TRAIL SUITE 202
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NOGUEIRA, ALLISSON R
Address: 650 KILDARE ST
City-St-Zip: PORT ST. LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALLISSON R NOGUEIRA PD 05/04/2006
Electronic Signature of Signing Officer or Director Date