2006 FOR PROFIT CORPORATION

FILED Mar 31, 2006 8:00 am Secretary of State

ANNUAL REPURT					Secretary of State			
DOCUMENT # P05000008268 1. Entity Name 1. En							6 90010 050 ***	
QUALICON DRYWALL REPAIR, INC								
Principal Place of Business Malling Address					שטצ			
421 JEFFERS	421 JEFFERSON AVE							
LEHIGH ACRES, FL 33972 US LEHIGH ACRES, FL 33972				us	1 (661)0111	 1 CTKO COM CTAN AGN CC	OTO BERTAL BUTTOL (OTTO FIRED BUTTOL)	Tarr ia de la
2. Principal Place of Business SAM C 3. Mailing Address SAM C			n Ŀ					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Numb	21765	53 h	pptied For lot Applicable	
Zip	Country	Zip	Coun	try	1	of Status Desired	S8.75 Ac	
	6Name and Address of Curren	t Registered Agent		 	-7. Name and	Address of New F	Registered Agent	
Name Name						1		
BAILLARGEON, CONRAD 421 JEFFERSON AVE LEHIGH ACRES, FL 33972				Street Address (P.O. Box Numb	er is Not Acceptable	0)	
LEMONA	iones, re soore							
				City			FL Zip Cox	
the above	a named entity submits this statement factions of registered agent.	or the purpose of changing its	s registere	ed office or register	red agent, or bo	th, in the State of Fi	orida. I am familiar with	, and accept
SIGNATURE	·			VIT.	1	<u></u>		
	Signature, typed or printed name of registered agen	s and site if applicable (NO)	E: Regretare	d Agent argusture requires	d when remetating)		* DATE	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO GE	ICERS AND DIRECTOR	IC IN 11
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NAME	BAILLARGEON, CONRAD		KAM	£				
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C1TY-51-2#	<u> </u>			-ST-ZP			· .	
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 offect as if made under cath; 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: 2/12/06 (231)368-5196 Designatures and typing of Frentzed Hadde OF SIGNING OFFICER OR DIRECTOR 2/12/06 (231)368-5196 Design Desi								
Dein Devented HAME OF SIGNING OFFICER OR DIRECTOR Dein Devente Prove 6								
						(616	U"''' (#77 2 - 8	770