


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000029743</b> 1. Entity Name <b>SAMUEL JUAN DRYWALL INC.</b>						OFFICE OF THE CLERK OF THE STATE DIVISION OF CORPORATIONS  06 MAY -9 PM 2:16  	
Principal Place of Business <b>44 MOSSY OAK 2ND ST QUINCY, FL 32351</b>				Mailing Address <b>44 MOSSY OAK 2ND ST QUINCY, FL 32351</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country				City & State  Zip Country			
4. FEI Number <b>20-2408746</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BENFIELD, RON 28 SIOUX CIRCLE HAVANA, FL 32333</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>METEO, FELIPE</b> <input checked="" type="checkbox"/> Delete <b>44 MOSSY OAK 2ND ST</b> <b>QUINCY, FL 32351</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Recal Perez</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>44 Mossy Oak 2nd St</b> <b>Quincy, FL 32351</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>MIGUEL, PEDRO</b> <b>44 MOSSY OAK, 2ND ST.</b> <b>QUINCY, FL 32351</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>MORALES, GUADALUPE</b> <b>44 MOSSY OAK 2ND ST</b> <b>QUINCY, FL 32351</b>			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		
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: <u>Samuel Juan Drywall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date _____ Daytime Phone # _____							

06 MAY -9 2006