## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2006 8:00 am Secretary of State

DOCUMENT # P05000050456  1. Entity Name ALL-STAR DRYWALLERS CORP.								05-09-20	06 90066 C	34 ***15	50.00
Principal Place of Business 691 SW STILLMAN AVE. PORT ST. LUCIE, FL 34953			691 SW :	Mailing Address 691 SW STILLMAN AVE. PORT ST. LUCIE, FL 34953				16 BYIBI <b>B</b> ilit BYII: <b>K</b> 8ift	ABIN APIBLANIN BASI	II SITDI BIIIS SI	110 <b>7</b> 1 II 1881
2. Principal Place of Business			3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			02272006	Chg-P	CR2E03	34 (11/05)	
City & State			City & Si	City & State			4. FEI.Numb	°- 204	354(	``\ <del>                                   </del>	plied For t Applicable
Zip		Country	Zip		Сри	"SA	l	of Status Desired	<b>1</b> 1	8.75 Add ee Required	
	6. Name	ent Registered A	tegistered Agent			7. Name and Address of New Registered Agent Name					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	B
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 acceptate the obligations of registered agent.											and accept
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 6 Fee will be \$55	1 ~	lection Campai rust Fund Cont			5.00 May Be dded to Fees				
10.		OFFICERS A	ND DIRECTORS		11.	·	ADDITIONS	CHANGES TO C	FFICERS AND	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					I .				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	691 SW S	HUA ACOSTA, URIE BTILLMAN AVE. T. LUCIE, FL 34953	L	☐ Delete				·		☐ Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- I				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition :
l indianted	on this report poration or t , or on an att	ne information supplied ort or supplemental repo the receiver or trustee e achment with an addre	ort is true and acc impowered to exe iss, with all other li	urate and that r cute this report ke empowered	my signa as requi	iture shall have th ired by Chapter 6	ne same legal effe 607, Florida Statu	sat aa ii waada wad	er oath; that I a ame appears ir	ım an officer ı Block 10 oı	or director r Block 11 if