2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# P05000088299

Entity Name: I & S PLASTERING CORP.

Current Principal Place of Business:

321 N. 73 TERRACE
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

144 SW 180 AVENUE
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

321 N. 73 TERRACE
HOLLYWOOD, FL 33024 US

New Mailing Address:

144 SW 180 AVENUE
PEMBROKE PINES, FL 33029 US

FEI Number: 20-3020814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHARLES, INNOCENT
321 N. 73 TERRACE
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

CHARLES, INNOCENT
144 SW 180 AVENUE
PEMBROKE PINES, FL 33029 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: INNOCENT CHARLES 07/14/2006
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: P ( ) Delete
Name: CHARLES, INNOCENT
Address: 321 N. 73 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: V.P. ( ) Delete
Name: DECARDE, JILUS ST.
Address: 321 N. 73 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: S ( ) Delete
Name: CHARLES, NELLIE
Address: 321 N. 73 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHARLES, INNOCENT
Address: 144 SW 180 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: V.P. (X) Change ( ) Addition
Name: DECARDE, JILUS ST.
Address: 144 SW 180 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: S (X) Change ( ) Addition
Name: CHARLES, NELLIE
Address: 144 SW 180 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 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: INNOCENT CHARLES P 07/14/2006
Electronic Signature of Signing Officer or Director Date