

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000155654

1. Entity Name
SONNY'S DRYWALL INC.



Principal Place of Business
192 SW. 54TH. AVE.
RESIDENCE
PLANTATION, FL 33317

Mailing Address
192 SW. 54TH. AVE.
RESIDENCE
PLANTATION, FL 33317

2. Principal Place of Business

Suite, Apt. #, etc. *N/A*

3. Mailing Address

Suite, Apt. #, etc. *N/A*

City & State

City & State

Zip

Zip

Country

Country

05022006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LEAL, FRANK T
192 SW. 54TH. AVE.
RESIDENCE
PLANTATION, FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

FILE NOW!! FEE IS \$550.00
Due by September 6, 2008

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LEAL, FRANK T
STREET ADDRESS 192 SW. 54TH. AVE.
CITY - ST - ZIP PLANTATION, FL 33317

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

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CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

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: *Frank T. Leal (Pres.)* 05/16/06 (954) 792-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90001 001 ***150.00

4009740



4. FEI Number
71-0992233 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

FL

Zip Code