


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-29-2006 90001 001 \*\*\*150.00

<b>DOCUMENT # P05000155654</b> 1. Entity Name <b>SONNY'S DRYWALL INC.</b>																													
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. <b>N/A</b> City & State Zip		3. Mailing Address  Suite, Apt. #, etc. <b>N/A</b> City & State Zip		4. FEI Number <b>71-0992233</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>LEAL, FRANK T</b> 192 SW. 54TH. AVE. RESIDENCE PLANTATION, FL 33317																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																													
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEAL, FRANK T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>192 SW. 54TH. AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	LEAL, FRANK T		STREET ADDRESS	192 SW. 54TH. AVE.		CITY - ST - ZIP	PLANTATION, FL 33317		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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>Frank T. Leal</u> <b>FRANK T. LEAL (PRES.)</b> 05/14/06 (954) 792-8300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

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