


3/10/2007 7:45 PM

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90021 008 ***158.75

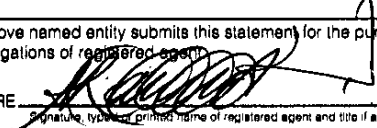
DOCUMENT # P06000059117	
1. Entity Name ARA DRYWALL SPECIALTY INC	

Principal Place of Business 2909 ASHFORD PARK PL OVIEDO, FL 32765 US	Mailing Address 2909 ASHFORD PARK PL OVIEDO, FL 32765 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent RAMIREZ, JUAN A 2909 ASHFORD PARK PL OVIEDO, FL 32765	
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7. Name and Address of New Registered Agent Name RAMIREZ, JUAN A Street Address (P.O. Box Number is Not Acceptable) 110 TYSON LK. City OVIEDO FL 32765	
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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 03-11-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, JUAN A 2909 ASH FORD PARK PL OVIEDO, FL 32765	TITLE 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: 	DATE 03-11-07
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #