2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053934

FILED
Mar 30, 2009
Secretary of State

Entity Name: PALLADIUM FRAMING AND DRYWALL INC.

Current Principal Place of Business:	**New Principal Place of Business:**
527 N US HWY 17-92 HAINES CITY, FL 33844	

Current Mailing Address:	**New Mailing Address:**
PO BOX 4123 HAINES CITY, FL 33845	

FEI Number: 26-2718979   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JAIMES, CLAUDIA P 140 CLAY CUT CIRCLE HAINES CITY, FL 33844 US	JAIMES, CLAUDIA P 268 ARLINGTON LOOP HAINES CITY, FL 33844 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: CLAUDIA P JAIMES   03/30/2009
　　　　　　　　Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title:　　　　P　　　　　( ) Delete Name:　　　JAIMES, EDGAR Address:　　527 N US HWY 17-92 City-St-Zip:　HAINES CITY, FL 33844	Title:　　　　P　　　　(X) Change ( ) Addition Name:　　　JAIMES, EDGAR Address:　　268 ARLINGTON LOOP City-St-Zip:　HAINES CITY, FL 33844
Title:　　　　VP　　　　( ) Delete Name:　　　JAIMES, CLAUDIA P Address:　　140 CLAY CUT City-St-Zip:　HAINES CITY, FL 33844	Title:　　　　VP　　　　(X) Change ( ) Addition Name:　　　JAIMES, CLAUDIA P Address:　　268 ARLINGTON LOOP City-St-Zip:　HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDIA P JAIMES   VP   03/30/2009
　　　　　　Electronic Signature of Signing Officer or Director   Date