2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000076865

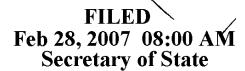
ADVANCED DRYWALL INSTALLATION, INC.



Mailing Address

Principal Place of Business 7952 WENTWORTH DR. LAKE WORTH, FL 33467

7900 W COUNTRY CLUB BLD BOCA RATON, FL 33487





DO NOT WRITE IN THIS SPACE

01272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0453973 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7900 W. COUNTRY CLUB BLVD.

BOCA RATON, FL 33487

PAVICH, NED 7900 W COUNTRY CLUB BLD BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ptions of registered agent.	ourpose of changing its regis		· · · · · · · · · · · · · · · · · · ·	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Regis	ered Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	D		. C 1p	granger and the	The second second
NAME	MUZIC, CARLO		"	1.	
STREET ADDRESS	7592 WENTWORTH DR.			•	•
CITY-ST-ZIP	LAKE WORTH, FL 33467			. "	e E. g., en., cen., cen., cen., chn., chn., pare .un., lan., cen. gabe
TITLE	D			et as a filtra augin	- (000000650665 - 03/08/07-80022-021 150.00
NAME	PAVICH NED		* * *		U3/U8/U/~8UUZ2~U21_15U.UU

NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby earlily 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, october attachment with an address, with all other like empowered.

SIGNATUR	

STREET ADDRESS

CITY STAZIP

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIN

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #