



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000003607 1. Entity Name NEW AGE DRYWALL AND INTERIORS, INC.	
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Principal Place of Business P O BOX 9611 PORT ST LUCIE, FL 34985	Mailing Address P O BOX 9611 PORT ST LUCIE, FL 34985
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DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0632071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DIMSEY, GEORGE
1718 SW BOEING ST
PORT SAINT LUCIE, FL 34953**

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 George H. Dimsey Jr [Signature] 1-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for re-statuting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIMSEY, GEORGE P O BOX 9611 N/A PORT ST LUCIE, FL 34985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIMSEY, LINDA PO BOX 9611 PORT ST LKUCIE, FL 34985
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/17/07-80060-019 150.00

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: [Signature] 1-20-07- 772-260-6213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #