## 2007 FOR PROFIT CORPORATION

**FILED** 00 Al ate

-ANNUAL REPORT				Apr 25, 2007 08:0	
DOCUMENT # P96000066075  1. Entity Name ANTONIO DRYWALL, INC.				Apr 25, 2007 08:0 Secretary of St	
	e of Business RADO STREET E, FL 32304	Mailing Address 1327 COLORADO STREET TALLAHASSEE, FL 32304		T 18811881 IIR ISKIR GIIII EBIK BRKI BRKI BRKI BRKI BRIT BRIT BRIT BRKI BRKI BRKI BR	
ak a marangan Pandan Palanga Pandan Pandan Pandan Pandan Agan Pandan	O NOT WRITE	er i trompter jagger fra state i state Transi i state i state Transi i state i		03072007 No Chg-P CR2E034 (11/05)	
માં જુઓ જે સિંહ્ય હૈ. જું હતી માટે કે હતા હતા હિંદ હતા હૈ. કે હતા "આ દેશના હતા હતા જિલ્લા કે જિલ્લા હતા. કે	6. Name and Address of Current Re-	kan di sana di kalanda kalanda ka Maranda di sana di sanagarin di sana di sa Maranda di sana di sanagarin di		4. FEI Number 65-1181093 Applied For Not Applicable  5. Certificate of Status Desired See Required  5. Certificate of Status Desired Fee Required	
		gistared Agent	gina di disanta di salah s Salah salah sa	DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or reg the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re				× 4/20/07	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		5.00 May Be ded to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PTD TEJADA, ANTONIO 1311 DAWSON ROAD TALLAHASSEE, FL 32310	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEJADA, SIFREDO 1304 SOUTHERN DRIVE TALLAHASSEE, FL 32310			05/08/07-80068-016 (150:00)	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			en e		
NAME STREET ADDRESS CITY-ST-ZIP				And the second of the second o	

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

Cartonio Tejada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

yw/07

850 222 6953 Daylime Phone #