2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 14, 2006 8:00 am
Secretary of State
03-17-2006 90121 034 ***150.00

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DOCUMENT # P97000052552

1. Entity Name
DENNIS PLASTERING. INC.

Principal Place of Business	Mailing Address
451 SE 8TH ST LOT 44 HOMESTEAD, FL 33030	451 SE 8TH ST LOT 44 HOMESTEAD, FL 33030

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3379 SW. CR 341 Suite, Apt. #, etc. Bell, FLA 32619
City & State	City & State
Zip / Country	Zip / Country

03112006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0758958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TICE, JAMES E 16220 SW 280TH STREET HOMESTEAD, FL 33031	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DENNIS PLASTERING INC. 451 SE 8TH ST LOT 44 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3379 SW CR 341 Bell FLA 32619	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DENNIS, SARAH J 451 SE 8TH LOT#44 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3379 SW CR 341 Bell FLA 32619	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TICE, JAMES E 16220 SW 280TH STREET HOMESTEAD, FL 33032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-10-06 786-218-5266
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #