

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000016415

Entity Name: 3-D DRYWALL, INC.

**FILED**  
**Nov 03, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

4020 3RD AVENUE DRIVE NW  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-0896284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMPTON, JOHN M ESQ  
1819 MAIN ST STE 610  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: RICH, DALE  
Address: 4020 3RD AVENUE DRIVE NW  
City-St-Zip: BRADENTON, FL 34209

Title: VP (X) Delete  
Name: MCCLOUD, DANA  
Address: 4020 3RD AVENUE DRIVE NW  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DALE RICH

PSTD

11/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date