

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025499

FILED
Jan 10, 2006
Secretary of State

Entity Name: CAPITAL WALL & CEILING, INC.

Current Principal Place of Business:

1342 TUNG HILL DRIVE
SUITE B
TALLAHASSEE, FL 323179545

New Principal Place of Business:

Current Mailing Address:

1342 TUNG HILL DRIVE
SUITE B
TALLAHASSEE, FL 323179545

New Mailing Address:

FEI Number: 59-3578338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASS, DARRELL
1342 TUNG HILL DR
SUITE B
TALLAHASSEE, FL 32317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GLASS, DWAYNE
Address: 1342 TUNG HILL DRIVE STE B
City-St-Zip: TALLAHASSEE, FL 323179545

Title: D () Delete
Name: GLASS, DWAYNE
Address: 1342 TUNG HILL DRIVE STE B
City-St-Zip: TALLAHASSEE, FL 323179545

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 Chapter 119, 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: D. DWAYNE GLASS

CEO

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date