2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P9900046087 1. Entity Name SUNSTATE PLASTERING, INC.)	04-27-2006	90219 040 ***15	0.00
Principal Place 24416 GREEI EUSTIS, FL 3	NTREE LN.	Mailing Address 24416 GREENTREE LN. EUSTIS, FL 32736						
2. Principal Pl	ace of Business	3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 59-3579			oplied For ot Applicable	
Zip Country		Zip	Cour	ntry	5. Certificate	of Status Desired	S8.75 Add	
	6. Name and Address of Currer	t Registered Agent			7. Name and	Address of New F	Registered Agent	
TAVIODI	DAMAN MAA DIE			Name				
TAYLOR, DAWN MARIE 24416 GREENTREE LN. EUSTIS, FL 32736				Street Address (P.O. Box Number is Not Acceptable)				
							1	
				City			FL Zip Cod	e
the obligati	named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age	in The		red office or registi ed Agent signature requir		h, in the State of Flo	orida. I am familiar with, DATE	and accept
After Ma	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550		ntribution.		5.00 May Be Ided to Fees			
10.	OFFICERS AN		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, DAWN 24416 GREENTREE LN. EUSTIS, FL 32736	☐ Delete		I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, FREDERICK S 24416 GREENTREE LN. EUSTIS, FL 32736	☐ Delete		I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITI. NAM STR	E			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete		I .			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied w	☐ Defete	CITY	AE EET ADDRESS (-ST-ZIP			☐ Change	Addition .

remay being that the information supplied with this filling does not quality 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 eath; 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 impowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIG