2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90167 005 ***150.00

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DOCUMENT # P93000047239

1. Entity Name
TRI-COUNTY DRYWALL SERVICES, INC.

Principal Place of Business	Mailing Address
2832 MICHIGAN AVENUE SUITE 218 KISSIMMEE FL 34744	717 E. OAK ST. KISSIMMEE FL 34744

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1570 Kelley Ave., Unit #2			
Suite, Apt. #, etc.: Unit #2		Suite, Apt. #, etc.:	
City & State: Kissimmee, FL		City & State:	
Zip: 34744	Country: USA	Zip:	Country:

4. FEI Number 59-3190639 — 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
ANDREW TANZILLO 2832 MICHIGAN AVE., #218 STE 203 KISSIMMEE FL 34744	Name: Street Address (P.O. Box Number is Not Acceptable): 1570 Kelley Ave., Unit #2 City: Kissimmee FL Zip Code: 34744

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 [signature] Andrew Tanzillo 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PSD	[ ] Delete	TITLE	[X] Change [ ] Addition
NAME	TANZILLO, ANDREW		NAME	
STREET ADDRESS	1592 COMPASS CT		STREET ADDRESS	1654 Marina Lake Drive
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	V	[ ] Delete	TITLE	[X] Change [ ] Addition
NAME	CASSETTY, BRADLEY		NAME	
STREET ADDRESS	1470 LONDRA LANE		STREET ADDRESS	1900 LeeWood Court
CITY-ST-ZIP	KISSIMMEE FL		CITY-ST-ZIP	St. Cloud, FL 34772
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED [signature] 5/1/03 407-870-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)