


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000002390</b> 1. Entity Name <b>DESTIN DRYWALL &amp; PAINT, INC.</b>	
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Principal Place of Business <b>12337 JONES RD - STE 114 HOUSTON, TX 77070</b>	Mailing Address <b>12337 JONES RD - STE 114 HOUSTON, TX 77070</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>76-0403323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000580205</b> <b>01/10/07-80038-018 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GILBERT, DOUGLAS M 13726 LAKEWOOD MEADOW DR CYPRESS, TX 77429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SMITH, GLEN P 14814 LONGOAK DR HOUSTON, TX 77070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, GLEN P 14814 LONGOAK DR HOUSTON, TX 77070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, CHRIS M 12203 LAKEWOOD VALLEY CT CYPRESS, TX 77429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 persons empowered.

SIGNATURE:  **1/05/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #