

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90003 034 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       |                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| <b>DOCUMENT # J46050</b><br>1. Entity Name<br><b>PRODUCTION DRYWALL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       |                                       |  |
| Principal Place of Business<br><b>964 SHETTER AVE.<br/>JACKSONVILLE, FL 32250</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                     | Mailing Address<br><b>964 SHETTER AVE.<br/>JACKSONVILLE, FL 32250</b>                                                                                                                                                                 |                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                             |                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                     | City & State                                                                                                                                                                                                                          |                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | Country                                                                             |                                                                                                                                                                                                                                       | Zip                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | Country                                                                             |                                                                                                                                                                                                                                       | 4. FEI Number<br><b>59-2784944</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NOE, WILLIAM G. JR<br/>599 ATLANTIC BLVD<br/>SUITE 6<br/>ATLANTIC BEACH, FL 32233</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                       |  |
| 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 _____ (NOTE: Registered agent signature required when removing)<br><small>Signature, word or printed name of registered agent and one if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       |                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be Added to Fee</b>     |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                          |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PO <input type="checkbox"/> Delete<br><b>HOLTZINGER, STANLEY M.JR<br/>964 SHETTER AVE.<br/>JACKSONVILLE BEACH, FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                                       |  |
| 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 like empowered. |                                                                                                                       |                                                                                     |                                                                                                                                                                                                                                       |                                       |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                     | 3-KR06 (901) 216-9672                                                                                                                                                                                                                 |                                       |  |