2007 FOR PROFIT CORPORATION

FILED Apr 16, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 16, 2007 0			
DOCUMENT # K06360 1. Entity Name GREAT LAKES DRYWALL, INC.					Secretary of		
Principal Place of Business 1816 WINDING RIDGE CIR PALM BAY, FL 32909 US	Mailing Address PO BOX 111198 PALM BAY, FL 32911-1198	•					
				No Chg-P	CR2E034 (11/05)		
DO NOT WRI	TE IN THIS SPA	ACE	04062007	No Olig-P	LApplied Fo		

_	O NOT WOITE II	04062007 No Chg-P CR2E034 (11/05)							
DO NOT WRITE IN THIS SPA			- FELINOLIDE				Applied For		
				59-286	3359		Not Applicable		
			5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current Regis	tered Agent					•		
VETA, ROBERT 1816 WINDING RIDGE CIR PALM BAY, FL 32909			DO NOT WRITE IN THIS SPACE						
	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and use			gistered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with, and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.		ng 🗀	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 11110 1110 1110 1110 1110 1110 111				U00000709996 04/25/07-80026-015 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VETA, STEVE 826 LYNBROOK ST. PALM BAY, FL				04/23/	51 0002	:0-013 130.00		
TITLE MAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	 <u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	ACE			

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: _

TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR