2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

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Entity Name: K&G DRYWALL, LLC

Current Principal Place of Business:

4019 OLD SAN PABLO ROAD
JACKSONVILLE, FL 32224

New Principal Place of Business:

802 CAVALLA ROAD
ATLANTIC BCH, FL 32233

Current Mailing Address:

4019 OLD SAN PABLO ROAD
JACKSONVILLE, FL 32224

New Mailing Address:

802 CAVALLA ROAD
ATLANTIC BCH, FL 32233

FEI Number: 20-3157023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODWIN, JEFFREY
4019 OLD SAN PABLO ROAD
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

GOODWIN, JEFFREY
802 CAVALLA ROAD
ATLANTIC BCH, FL 32233 US

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.

SIGNATURE: _____ 03/22/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GOODWIN, JEFFREY
Address: 4019 OLD SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM (X) Delete
Name: KORB, RICHARD
Address: 4019 OLD SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GOODWIN, JEFFREY
Address: 802 CAVALLA ROAD
City-St-Zip: ATLANTIC BCH, FL 32233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFREY S GOODWIN MGR 03/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date