2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
04-09-2007 90354 039 ****50.00

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04052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000089677

1. Entity Name
M&M DRYWALL LLC

Principal Place of Business	Mailing Address
473 N SAMS POINT CRYSTAL RIVER, FL 34429 US	473 N SAMS POINT CRYSTAL RIVER, FL 34429 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
473 N. SAMS POINT	473 N. SAMS POINT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River, FL	City & State: Crystal River, FL
Zip: 34429 Country: US	Zip: 34429 Country: US

4. FEI Number: 20-5531549 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, MICHEAL A
473 N SAMS POINT
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name: MICHAEL A. BAKER
Street Address (P.O. Box Number is Not Acceptable): 473 N. SAMS POINT
City: CRYSTAL RIVER FL Zip Code: 34429

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: MICHAEL A. BAKER [signature] 4/6/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, MICHEAL A 473 N. SAMS POINT CRYSTAL RIVER, FL 34429	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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11. 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 is true and accurate and that my 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: [signature] 4/6/07 (352)422-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #