FILED 2006 FOR PROFIT CORPORATION May 03, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # M49974 1. Entity Name J.R. DRYWALL, CORP. Principal Place of Business Mailing Address 5376 NW 79TH WAY 5376 N.W. 79 WAY PARKLAND, FL 33067 PARKLAND, FL 33067 US 04042006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2791175 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RODRIGUEZ, JESUS DO NOT WRITE 6146 S.W. 1 ST. MARGATE, FL 33068 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITT F RODRIGUEZ, JESUS NAME 6146 S.W. 1 ST. STREET ADDRESS U00000561134 05/19/06-80002-012 150.00 CITY-ST-ZIP MARGATE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empoyered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Daylime Phone #