
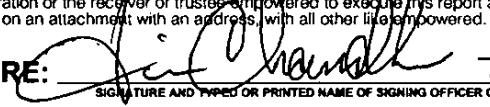


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90094 040 ***150.00

DOCUMENT # P00000084303					
1. Entity Name RELIABLE DRYWALL SYSTEMS, INC.					
Principal Place of Business 6467 181ST TER. N. LOXAHATCHEE, FL 33470 US			Mailing Address 6467 181ST TER. N. LOXAHATCHEE, FL 33470 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 157			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Loxahatchee, FL		4. FEI Number 65-1032303	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33470		USA			
6. Name and Address of Current Registered Agent CHANDLER, JAMES 6467 181ST TERRACE N LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANDLER, JAMES 6467 181ST TERR NO LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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:  Jim Chandler 5/1/07 561-707-0845					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					