FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

---P@1-000013661 **DOCUMENT#** P01000013661 1. Entity Name JUN 21 PM 1: 16 E & M Drywall, Inc. SECRETARY OF STATE TACEAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 336 Timbruce Lane 336 Timbruce Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPAC City & State City & State 4. FEI Number Port Charlotte, Florida Port Charlotte, Florida Not Applicable Zip. Country Country \$8.75 Additional 5. Certificate of Status Desired 33952 U.S.A. U.S.A. 33952 Fee Required 7. Name and Address of Current Registered Agent Name Ernest Bertl DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
336 Timbruce Lane IN THIS SPACE City Zig 6852 Port Charlotte 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. SIGNATURE for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re January 1 - May 1 Fee Is \$150.00 This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 14. OFFICERS AND DIRECTORS President TITLE TITLE CR2E034B (12/01) Ernest Bertl NAME NAME STREET ADORESS 336 Timbruce Lane STREET ADDRESS CITY-ST-ZIP Port Charlotte, FL CITY-ST-ZIP 33952 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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3. I heraby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: /

Ernest Bert1