2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000038569

O'NEILL DRYWALL, INC.



Principal Place of Business

Mailing Address

600 NW TREMONT ST.

FILED Mar 01, 2007 08:00 A **Secretary of State**

600 NW TREMONT ST. PT. ST. LUCIE, FL 34983 PT. ST. LUCIE, FL 34983 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1093744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'NEILL, ED DO NOT WRITE 600 NW TREMONT ST PORT SAINT LUCIE, FL 34983 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. U000000652805 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/12/07-80032-008 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE O'NELL ED NAME STREET ADDRESS **600 NW TERMONT ST** CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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:

KAME OF SIGNING OFFICER OR DIRECTOR