2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103646

318 N PINE AVE

INVERNESS, FL 34450

Address:

City-St-Zip:

FILED May 02, 2006 Secretary of State

Entity Name: PREMIER DRYWALL, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
318 N. PINE INVERNES	E AVE. S, FL 34450						
Current Mailing Address:				New Mailing Address:			
318 N. PINE INVERNES	E AVE. S, FL 34450						
FEI Number:	59-3738547	FEI Number Applied For ()	FEI Numb	oer Not Appli	cable ()	Certificate	of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MILLS, JEFF 318 N. PINE AVE. INVERNESS, FL 34450 US				JORGENS, ERIC 318 N. PINE AVE. INVERNESS, FL 34450 US			
The above in the State		submits this statement for the pu	irpose of	changing it	s registered	office or reg	gistered agent, or both,
SIGNATURE: ERIC JORGENS				05/02/2006			
	Electro	nic Signature of Registered Ager	nt			D	ate
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the	e prior notice	.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PST (KRUEGER, JO 318 N. PINE A INVERNESS,	VE.	N A	Fitle: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	VP (LIGHTKEP, TO 318 N. PINE A INVERNESS, I	VE.	N A	Γitle: Name: Address: City-St-Zip:	VP (X JORGENS, EF 318 N. PINE A INVERNESS, I	VE.) Addition
Title: Name: Address: City-St-Zip:	VP (X JARGEN, ERIO 318 N. PINE A INVERNESS, I	VE.	N A	Fitle: Name: Address: City-St-Zip:	() Change()) Addition
Title: Name:	VP ()	K) Delete		Γitle:	() Change()	Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSEPH M KRUEGER PST 05/02/2006