2006 FOR PROFIT CORPORATION

CITY - ST - ZTP

SIGNATURE:

Apr 12, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P02000064022 RIVER CITY ACOUSTICS & DRYWALL, INC. Principal Place of Business Mailing Address P.O. BOX 530425 P.O. BOX 530425 DEBARY, FL 32753 DEBARY, FL 32753 03112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0087712 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MYERS, MATT DO NOT WRITE 157WILDWOOD DRIVE **DEBARY, FL 32713** 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 ubligations of registered agent SIGNATURE_ Signature, indeed or printed harms of redistered arrest and title if equippage (NCTE Registered Apent worsture required when reinstating) OATE \$. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 IIILE NAME MYERS, MATT STREET ADDRESS 157 WILDWOOD DRIVE CITY ST-ZIP **DEBARY, FL 32713** 7177 F H10000504088 NAME 04/26/08-80058-004 150.00 STREET ADDRESS City-St-ZiP THRE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS City-St-21P **11711** NAME STREET ADDRESS CHTY-S7-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Plorida 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 address with all finer like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED