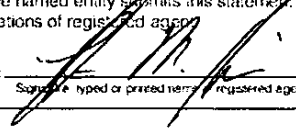
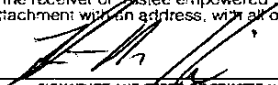


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000024891 1. Entity Name KINDER DRYWALL OF S.W. FLORIDA, INC.						RECEIVED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAY 19 PM 4:53	
Principal Place of Business 4745 TAHITI DRIVE BONITA SPRINGS, FL 34134				Mailing Address 4745 TAHITI DRIVE BONITA SPRINGS, FL 34134			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 16-1653748				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KAREN VENTURA 4745 TAHITI DR. BONITA SPRINGS, FL 34134				Name Robert Kinder Street Address (P.O. Box Number is Not Acceptable) 24671 So Seas Blvd. City Bonita Springs FL Zip Code 34134			
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 				Robert Kinder Reg. Agent 5-17-06 (NOTE: Registered Agent signature required when resigning)			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution ☐ \$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-STATE-ZIP	PSTD VENTURA, KAREN 4745 TAHITI DRIVE BONITA SPRINGS, FL 34134			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD Robert Kinder 24671 So Seas Blvd Bonita Springs, FL 34134		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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: 				Robert Kinder PSTD 5-17-06 (239) 707-3820			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			