2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000024891

1. Entity Name
KINDER DRYWALL OF S.W. FLORIDA, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 PM 4:53

Principal Place of Business	Mailing Address
4745 TAHITI DRIVE BONITA SPRINGS, FL 34134	4745 TAHITI DRIVE BONITA SPRINGS, FL 34134

05172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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

KAREN VENTURA
4745 TAHITI DR.
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

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: [signature] Robert Kinder Regs Agent 5-17-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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-ST-ZIP	PSTD VENTURA, KAREN 4745 TAHITI DRIVE BONITA SPRINGS, FL 34134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Robert Kinder 24671 So. Seas Blvd Bonita Springs, Fl. 34134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800076380028 05/20/06--01019--010 **70.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: [signature] Robert Kinder PSTD 5-17-06 (239) 707-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #