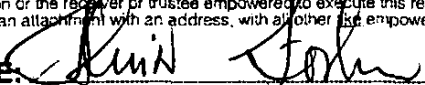


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90106 011 ***158.75

DOCUMENT # P03000044055 1. Entity Name FOSTER'S DRYWALL INC.					
Principal Place of Business 221 CAROLINA AVENUE FT. LAUDERDALE, FL 33312			Mailing Address 221 CAROLINA AVENUE FT. LAUDERDALE, FL 33312		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2669593	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOSTER, ALVIN 221 CAROLINA AVENUE FT. LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$530.00			9. Election Campaign Financing Trust Fund Contribution. ☐		
\$5.00 May Be Added to Fees			STATE		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, ALVIN 221 CAROLINA AVENUE FT. LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MANUEL ARMENDAREZ 6459 SW 15th COURT PORTLAND, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITMORE, KAAL 3500 NW 23 ST. LAUDERDALE LAKES, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINDOU, DAVID 411 NW 45 AVENUE LAUDERDALE LAKES, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 exemption stated in Section 119.07(3)(i), 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 I am empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3-5-05 Daytime Phone #					

50028790



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