2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000069009

1. Entity Name
RIVERS DRYWALL CORPORATION



Principal Place of Business

8011 W 6 AVE #N HIALEAH, FL 33014 Mailing Address

8011 W 6 AVE #N HIALEAH, FL 33014

FILED May 10, 2007 8:00 am Secretary of State

05-10-2007 90024 003 ***158.75

401104--



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2114025

Applied For Not Applicable

5. Certificate of Status Desired

3 \$8

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERS, IVAN C 8011 W 6 AVE #N HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

| | | | | IIV | I IIIS SPACE |
|---|---|--|-------------------|--------------------------------|--|
| 8. The above the obligat | named entity submits this statement for the p tions of registered agent. | urpose of changing its registere | ed office or r | egistered agent, or be | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title i | f applicable. (NOTE: Registerer | d Agent signature | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | Election Campaign Financing Trust Fund Contribution. Added to Fees | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECT | CTORS | | | |
| TITLE Name Street address | D RIVERS, IVAN C 8011 W 6 AVE #N | | | | |
| CITY-ST-ZIP | HIALEAH, FL 33014 | | ŀ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | |
| TITLE NAME | | | | | |

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 a saddress, with all other like empowered.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP TITLE

STREET ADDRESS

Tring ?

Ivan Rivers

04-28-07

305-992-2159

Daytime F