2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 08:00 AM **DOCUMENT # P03000092924** Secretary of State R & M DRYWALL, INC. Principal Place of Business Mailing Address 17012 OAK GROVE HILL CT 17012 OAK GROVE HILL CT ORLANDO, FL 32820 ORLANDO, FL 32820 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0074908 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MOORE, CHERYL DO NOT WRITE 17012 OAK GROVE HILL CT ORLANDO, FL 32820 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 obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOORE, FRED A NAME 17012 OAK GROVE HILL CT. STREET ADDRESS ORLANDO, FL 32820 CITY-ST-ZIP TISLE U00000587623 01/17/07-80040-009 150.00 NAME ROWE, ROBERT A STREET ADDRESS 674 LAKE DOE BLVD CITY-ST-ZIP APOPKA, FL 32703 ₹m € ROWE, JASON NAME STREET ADDRESS 674 LAKE DOE BLVD. DO NOT WRITE CITY-ST-ZIP APOPKA, FL 32703 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 charged, or on an attachment with an address, with all gither like empowered.

SIGNATURE: S

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Dred A. MORE

FRED A. MODE

1/14/07

407-568-8335

FILED