## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 18, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P03000105733				<u> </u>	04-05-200	7 90135 016 ***	150.00	
1. Entity Name E & P DRYWALL, INC.								
EAPUR	Y WALL, INC.							
Principal Place of Business Mailing Address			$\dashv$	0001	[U 1~ -			
-		10015 MASSEY ST						
ORLANDO, FI	32825	ORLANDO, FL 32825						
2. Principal Place of Business - No P.O. Box # 9834 Doriath Circle		3. Mailing Address 9834 Dorlar	th Circle	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05142007	Chg-P	CR2E034 (12/06		
City & State / Orlando		City & State		4. FEI Numb		<del>  </del>	Applied For Not Applicable	
Zip Country		Zip	Country		of Status Desired	□ \$8.75 A	Additional	
3282	6. Name and Address of Current F	32825	Orange	!		Fee Requi	ired	
U. Haille allu Aduless VI Cullent Registered Agent								
ALVAREZ, HIPOLITO 10015 MASSEY ST			Street Addre	Street Address (P.O. Box Number is Not Acceptable), 9 3 4 Dom 10 4 Cincle				
ORLANDO, FL 32825			983	14 DOFIA	4h CINC	. <u>/e</u>		
			City /)	<del>/ / </del>		<b>□</b>	nde	
				ando			2825	
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								
Old WATORES	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature rec	quired when reinstating)		DATE		
1	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	\$5.00 May Be Added to Fees		e with s. 607.193(2)(b d not receive the prio				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FFICERS AND DIRECTO	ORS IN 11	
TITLE	Р	[] Delete	TITLE			☐ Chang	e 🗌 Addition	
NAME STREET ADDRESS	ALVAREZ, HIPOLITO 9824 DORIATH CIRCLE		NAME STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP					
TITLE	VP	[☐ Delete	TITLE			Chang	e Addition	
NAME STREET ADDRESS	CERVANTES, MARIA E 9824 DORIATH CIRCLE		NAME STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP					
. TITLE	_S_ GOMEZ, JOSE LUIS	Delete	L_TITLE NAME	-		. Chang	e 🔲 Addition	
STREET ADDRESS	19824 DORIATH CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP					
TITLE NAME	T TREJO, TRINIDAD	I⊒ Delete	TITLE NAME			☐ Chang	e 🔲 Addition	
STREET ADDRESS	9824 DORIATH CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP			☐ Chang	e 🗌 Addition	
TITLE		Defete	TITLE NAME			[] Chang	le 🖸 Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-SI-ZIP			CITY-ST-ZIP			Chang	e Addition	
TITLE NAME		☐ Delete	NAME			Chang	- C radision	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	certify that the information apporting with	this filing does not qualify for t	De exemptions conta	nined in Chapter 11	9. Florida Statutes	. I further certify that th	e information	
indicated	certify that the information supplied with I on this report or supplemental report is	true and accurate and that my	signature shall have	the same legal effe	ct as if made unde	er oath; that I am an office	cer or director	

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: higher the Type of PRINTED HAVE OF SIGNING OFFICER OF DIRECT

SIDENT 05

DO 115 / U / Daytime Phone