

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000106473

**FILED**  
**Jul 27, 2006**  
**Secretary of State****Entity Name:** OTTER CREEK DRYWALL INC.**Current Principal Place of Business:**1264 OTTER ROAD  
PONCE DE LEON, FL 32455 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 237  
PONCE DE LEON, FL 32455**New Mailing Address:****FEI Number:** 20-0244070**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PROFESSIONAL OFFICE SERVICES  
434 TANGLEWOOD DRIVE  
FORT WALTON BEACH, FL 32547 US**Name and Address of New Registered Agent:**PHILLIPS, WALTER R  
1264 OTTER RD  
PONCE DE LEON, FL 32455 US

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.

SIGNATURE: WALTER R PHILLIPS

07/27/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PHILLIPS, WALTER R  
Address: 1264 OTTER ROAD  
City-St-Zip: PONCE DE LEON, FL 32455 FL

Title: VP (X) Delete  
Name: GRIFFITH, CHARLES D  
Address: 3779 HIGHWAY 181-C  
City-St-Zip: PONCE DE LEON, FL 32455 US

Title: VP (X) Delete  
Name: SMITH, SR., CLIFTON WAYNE  
Address: PO BOX 237  
City-St-Zip: PONCE DE LEON, FL 32455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R PHILLIPS

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07/27/2006

Electronic Signature of Signing Officer or Director

Date