2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106882

Entity Name: MG&L DRYWALL INC.

FILED Aug 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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243 BEAL PARKWAY NW 247 ECHO CIR

FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32548 US

Current Mailing Address: New Mailing Address:

243 BEAL PARKWAY NW P. O BOX 4926

FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32548 US

FEI Number: 20-0265627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROFESSIONAL OFFICE SERVICES
434 TANGLEWOOD DRIVE
FORT WALTON BEACH, FL 32547 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 GALLARDO, MIGUEL
 Name:
 GALLARDO, MIGUEL

 Address:
 243 BEAL PARKWAY NW
 Address:
 247 ECHO CIR

City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: S () Delete Title: S (X) Change () Addition

Name: BUSTAMANTE, LIDIA Name: BUSTAMANTE, LIDIA

Address: 243 BEAL PARKWAY NW Address: 247 ECHO CIR

City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: FORT WALTON BEACH, FL 32548 US

Name: BUSTAMANTE, JAVIER Name: BUSTAMANTE, JAVIER

Address: 243 BEAL PARKWAY NW Address: 247 ECHO CIR

City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LIDIA BUSTAMANTE S 08/01/2005