

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118161

Entity Name: I.M.V. DRYWALL INC.

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

9144 WOODVIEW DR
POLK CITY, FL 33868

New Principal Place of Business:

3925 N COMBEE ROAD
LOT #10
LAKELAND, FL 33805

Current Mailing Address:

9144 WOODVIEW DR
POLK CITY, FL 33868

New Mailing Address:

3925 N COMBEE ROAD
LOT #10
LAKELAND, FL 33805

FEI Number: 55-0849632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, ISABEL
9144 WOODVIEW DR
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

MENDEZ, ISABEL
3925 N COMBEE ROAD
LOT #10
LAKELAND, FL 33805 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:

05/02/2007

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:

Title: DPV () Delete
Name: MENDEZ, ISABEL
Address: 9144 WOODVIEW DR
City-St-Zip: POLK CITY, FL 33868

Title: DST () Delete
Name: MENDEZ, AIDA C
Address: 9144 WOODVIEW DR
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: MENDEZ, ISABEL
Address: 3925 N COMBEE ROAD LOT #10
City-St-Zip: LAKELAND, FL 33805

Title: DST (X) Change () Addition
Name: MENDEZ, AIDA C
Address: 3925 N COMBEE ROAD LOT #10
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify 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: ISABEL MENDEZ

PRES

05/02/2007

Electronic Signature of Signing Officer or Director

Date