2007 FOR PROFIT CORPORATION

Apr 18, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P03000119764 1. Entity Name BILLY SELLERS DRYWALL, INC. Principal Place of Business Mailing Address 4868 STEVE ROBERTS SPECIAL **4868 STEVE ROBERTS SPECIAL** ZOLFO SPRINGS, FL 33873 ZOLFO SPRINGS, FL 33873 No Cha-P CR2E034 (11/05) 04122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2677104 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SELLERS, BILLY M DO NOT WRITE 4868 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33873 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. (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS DP TITLE SELLERS, BILLY M NAME 4868 STEVE ROBERTS SPECIAL STREET ADDRESS ZOLFO SPRINGS, FL 33873 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

04/28/07-80006-012 150.00

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