2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000132441

Address:

City-St-Zip:

Entity Name: KIMBERLY DRYWALL, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4441 PARK EDEN CIRCLE 578 TULANE DRIVE ORLANDO, FL 32810 ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** 4441 PARK EDEN CIRCLE 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714 ORLANDO, FL 32810 FEI Number: 20-0390195 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: DE LEON, MONICA 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition DE LEON, MONICA Name: Name: 578 TULANE DRIVE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: VPD () Change (X) Addition Name: Name: HERNANDEZ, JORGE 4441 PARK EDEN CIRCLE Address: Address: ORLANDO, FL 32810 City-St-Zip: City-St-Zip: Title: Title: () Delete SD () Change (X) Addition CARDENAS, SIMON Name: Name: 4441 PARK EDEN CIRCLE Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: () Change (X) Addition CHAVEZ, GUILLERMO Name: Name:

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.

Address:

City-St-Zip:

4441 PARK EDEN CIRCLE

ORLANDO, FL 32810

SIGNATURE: MONICA DE LEON **PRES** 03/09/2009