2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P03000142947

Entity Name: C&S FRAMING AND DRYWALL INC.

Current Principal Place of Business:

%MICHAEL D. SHAW
1116 SW ARC CT
PORT ST LUCIE, FL 34953

New Principal Place of Business:

%MICHAEL D. SHAW
4131 S.W. MCCRORY ST.
PORT ST LUCIE, FL 34953

Current Mailing Address:

%MICHAEL D. SHAW
1116 SW ARC CT
PORT ST LUCIE, FL 34953

New Mailing Address:

%MICHAEL D. SHAW
4131 S.W. MCCRORY ST.
PORT ST LUCIE, FL 34953

FEI Number: 59-3773357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, MICHAEL D
1116 SW ARC CT
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SHAW, MICHAEL D
4131 S.W. MCCRORY ST.
PORT ST LUCIE, FL 34953 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: 04/30/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHAW, MICHAEL D
Address: 1116 SW ARC CT
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V ( ) Delete
Name: CAULEY, ROBERT W
Address: 1116 SW ARC CT
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SHAW, MICHAEL D
Address: 4131 S.W. MCCRORY ST.
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V (X) Change ( ) Addition
Name: CAULEY, ROBERT W
Address: 3612 STERRICKER ST.
City-St-Zip: PORT ST LUCIE, FL 34953

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: MICHAEL D. SHAW P 04/30/2005
Electronic Signature of Signing Officer or Director — Date