2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM **Secretary of State** DOCUMENT # P03000145843 1. Entity Name DIAZ P DRYWALL, INC. Principal Place of Business Mailing Address 1529 LAY COURT 1529 LAY COURT KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 No Chg-P CR2E034 (11/05) 02232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0469881 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, LAZARO DO NOT WRITE 1529 LAY COURT KISSIMMEE, FL 34744 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE DIAZ, LAZARO NAME STREET ADDRESS 1529 LAY COURT CITY-ST-7IP KISSIMMEE, FL 34744 TITLE GARCIA, SERGIO STREET ADDRESS 1529 LAY CT CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE DIAZ-MAJANO, GABRIEL 1529 LAY COURT STREET ADDRESS DO NOT WRITE CITY-ST-ZIP KISSIMMEE, FL 34744 IN THIS SPACE INTLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

Date Dayline Proce 6

FILED