2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2005 08:00 AM DOCUMENT # P03000158094 **Secretary of State** 1. Entity Name ABOVE ALL DRYWALL, INC. Principal Place of Business Mailing Address 2126 ORANGE BLOSSOM SEBRING FL 33870 2126 ORANGE BLOSSOM SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 20-0499191 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 2126 ORANGE BLOSSOM SEBRING FL 33870 Zip Code City 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 according the obligations of registered agent. SIGNATURE DATE 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 9. Election Campaign Financing \$5.00 May : After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete BULL ☐ Change ☐ All. NAME TAYLOR, BENJAMIN NAME 2126 ORANGE BLOSSOM JIREL LADORESS SIRFET ADDRESS SEBRING FL 33870 CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete PILE ☐ Change ☐ Aiii U00000201728 NAME KROHN, FRANCES RANA NAME 01/28/05-80075-014 150.00 STREET ADDRESS 2126 ORANGE BLOSSOM aTREE! ADDRESS CITY-\$1-21P CITY-ST ZIP SEBRING FL 33870 ☐ Ail TITLE ☐ Delete BULE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CHY-ST-ZIP ☐ Change ☐ Add HILE ☐ Delete Till F NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Adı ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST ZIP Change ☐ Adi ☐ Delete DITE HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: