2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0400000632

City-St-Zip: LACROSSE, FL 32658

Entity Name: C. BELLE PLASTER & DRYWALL, INC.

FILED Feb 07, 2009 Secretary of State

| Current F | Principal Place | of Business: | New Principal Place o | New Principal Place of Business: | |
|--|---------------------------------------|----------------------------------|-----------------------------------|--|--|
| | 218TH AVE. SE, FL 32658 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| P. O. BOX LACROSS | (134 SE, FL 32658 | | | | |
| FEI Numbei | r: 20-0543754 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| | LIFFORD 218TH AVE. SE, FL 32658 | US | | | |
| | e named entity : e of Florida. | submits this statement for the p | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | PST () BELLE, CLIFFO | | Title: Name: | () Change () Addition | |

City-St-Zip:

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.

SIGNATURE: CLIFFORD BELLE PST 02/07/2009