2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2007 08:00 A ANNUAL REPORT **Secretary of State** DOCUMENT # P04000006625 CHARLES WOHLFEHRT DRYWALL INC. Mailing Address Principal Place of Business 3527 GLADSTONE STREET 3527 GLADSTONE STREET SARASOTA, FL 34231 US SARASOTA, FL 34231 US No Cha-P CR2E034 (11/05) 01222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2222467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOHLFEHRT, CHARLES P DO NOT WRITE 3527 GLADSTONE STREET SARASOTA, FL 34231 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent stangture required when reinstalling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WOHLFEHRT, CHARLES P MAME STREET ADDRESS 3527 GLADSTONE STREET U00000601868 CITY-ST-ZIP SARASOTA, FL 34231 01/26/07-80066-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 CHARLES WOHLFEHME.

SIGNATURE: Marles WONG

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS City-St-719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Daytime Phone

FILED