


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 049 \*\*\*150.00

DOCUMENT # P04000012809	
1. Entity Name ALL THE WAY DRYWALL, INC	

Principal Place of Business 2540 N E 77TH RD WILDWOOD FL 34785 US	Mailing Address 2540 N E 77TH RD WILDWOOD FL 34785 US
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2. Principal Place of Business - No P.O. Box # <i>2540 NE 77 Rd</i>	3. Mailing Address <i>2540 NE 77 Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <i>Wildwood FL</i>	City & State <i>Wildwood FL</i>	4. FEI Number 20-0607628	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34785</i>	Country <i>USA</i>	Zip <i>34785</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STROUSE, RONALD E  
 2540 N E 77TH RD  
 WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 *Ronald E Strouse* DATE *4/20/08*

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, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	NAME STROUSE, RONALD E STREET ADDRESS 2540 N E 77TH RD CITY-ST-ZIP WILDWOOD FL 34785
TITLE S/T <input checked="" type="checkbox"/> Delete	NAME STROUSE, CONNIE E STREET ADDRESS 2540 N E 77TH RD CITY-ST-ZIP WILDWOOD FL 34785
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ronald E Strouse* DATE: *4/20/08* TITLE: *Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #