2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2007 8:00 am Secretary of State DOCUMENT # P04000017376 03-01-2007 90004 035 ***158.75 MAC DRYWALL AND FINISHER, INC. Principal Place of Business Mailing Address 2451 QUAIL RUN BLVD NORTH 2451 QUAIL RUN BLVD NORTH KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 02122007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0676840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CABALLERO, MARVIN A 5 DO NOT WRITE 2451 QUAIL RUN BLVD NORTH 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CABALLERO, MARVIN NAME 2451 QUAIL RUN BLVD NORTH STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE GONZALEZ, FLORIDALMA NAME STREET ADDRESS 2451 QUAIL RUN BLVD NORTH CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE SANTOS, JOSE R NAME STREET ADDRESS 2451 QUAIL RUN BLVD NORTH DO NOT WRITE CITY-ST-ZIP KISSIMMEE, FL 34744 Fill Strate . . IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED