
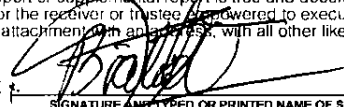


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90833 011 \*\*\*150.00

<b>DOCUMENT # P04000041570</b>					
<b>1. Entity Name</b> B.H.R. DRYWALL, INC.					
<b>Principal Place of Business</b> 4203 CORSAIR AVE 1405 BRYAN KISSIMMEE, FL 34741			<b>Mailing Address</b> 4203 CORSAIR AVE 1405 BRYAN KISSIMMEE, FL 34741		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 55-0858964	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> REYES, BACILIO HERNAN 4203 CORSAIR AVE KISSIMMEE, FL 34741			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1405 BRYAN ST KISSIMMEE City FL Zip Code 34741		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DP	<b>NAME</b> REYES, BACILIO H		<b>TITLE</b> 1405 BRYAN ST.	<b>NAME</b> KISSIMMEE, FL 34741	
<b>STREET ADDRESS</b> 4203 CORSAIR AVE	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741		<b>STREET ADDRESS</b> 1405 BRYAN ST.	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	
<b>TITLE</b> S	<b>NAME</b> VILLATORO, SANTOS DANIEL		<b>TITLE</b> 1405 BRYAN ST.	<b>NAME</b> KISSIMMEE, FL 34741	
<b>STREET ADDRESS</b> 4203 CORSAIR AVENUE	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741		<b>STREET ADDRESS</b> 1405 BRYAN ST.	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	
<b>TITLE</b> DT	<b>NAME</b> VILLATORO, CIRILO		<b>TITLE</b> 1405 BRYAN ST.	<b>NAME</b> KISSIMMEE, FL 34741	
<b>STREET ADDRESS</b> 4130 CORSAIR AVE	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741		<b>STREET ADDRESS</b> 1405 BRYAN ST.	<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	
<b>TITLE</b> Delete	<b>NAME</b> Delete		<b>TITLE</b> Delete	<b>NAME</b> Delete	
<b>STREET ADDRESS</b> Delete	<b>CITY-ST-ZIP</b> Delete		<b>STREET ADDRESS</b> Delete	<b>CITY-ST-ZIP</b> Delete	
<b>TITLE</b> Delete	<b>NAME</b> Delete		<b>TITLE</b> Delete	<b>NAME</b> Delete	
<b>STREET ADDRESS</b> Delete	<b>CITY-ST-ZIP</b> Delete		<b>STREET ADDRESS</b> Delete	<b>CITY-ST-ZIP</b> Delete	
<b>12. I hereby certify that the information supplied with this filing 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 to an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			4-18-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			Daytime Phone #		