2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049092

Entity Name: SANCHEZ SHEETROCK INC.

FILED Jul 15, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1532 W. PONDEROSA RD. 512 SCHNEIDER DR.

FT WALTON BEACH, FL 32547 FT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

1532 W. PONDEROSA RD. 512 SCHNEIDER DR.

FT WALTON BEACH, FL 32547 FT WALTON BEACH, FL 32547

FEI Number: 20-0876780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANCHEZ, OSBALDO SANCHEZ, OSBALDO 1532 W. PONDEROSA RD. 512 SCHNEIDER DR.

FT WALTON BEACH, FL, FL 32547 US FT WALTON BEACH, FL, FL 32547 US

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.

SIGNATURE: 07/15/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: O (X) Change () Addition

Name: SANCHEZ, OSBALD Name: SANCHEZ, OSBALD Address: 1532 W. PONDEROSA RD. Address: 512 SCHNEIDER DR.

City-St-Zip: FT WALTON BEACH, FL 32547 City-St-Zip: FT WALTON BEACH, FL 32547

Title: VP () Delete Title: P (X) Change () Addition Name: SANCHEZ, JOSE Name: SANCHEZ, JOSE

Address: 1532 W. PONDEROSA RD. Address: 512 SCHNEIDER DR.

City-St-Zip: FT WALTON BEACH, FL 32547 City-St-Zip: FT WALTON BEACH, FL 32547

 $\label{eq:Title: VP () Change (X) Addition} \end{Title:} \qquad \end{Title: VP () Change (X) Addition}$

Name: Name: NESMITH, JAMES W JR. Address: Address: 106 CARMELIA DR.

City-St-Zip: FORT WALTON BCH., FL 32547

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: OSBALDO SANCHEZ O 07/15/2008