2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062076

Entity Name: T&J DRYWALL INC.

FILED Aug 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 450204 KISSIMMEE, FL 34745 **Current Mailing Address: New Mailing Address:** PO BOX 450204 KISSIMMEE, FL 34745 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORDONEZ, JOSE A ORDONEZ, JOSE 1630 BENT OAK COURT 2606 DEBANY RD KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 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: JOSE ORDONEZ 08/30/2005 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: () Delete () Change () Addition ORDONEZ, JOSE A Name: Name: PO BOX 450204 Address: Address: City-St-Zip: KISSIMMEE, FL 34745 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition Name: ORDONEZ, JENNIFER Name: PO BOX 450204 Address: Address: KISSIMMEE, FL 34745 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSE ORDONEZ **PRES** 08/30/2005