2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Secretary of State DOCUMENT # P04000069978 07-10-2006 90029 037 ***150.00 GUERREROS MEXICAN DRYWALL, INC. Principal Place of Business Mailing Address 50022101 1363 DORADO WAY 1363 DORADO WAY APT A APT A KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/05) 06302006 Cha-P 207 (ARDY 207 Applied For 4 FEI Number 20-1079581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J056 Shlus BAHENA, JOSE Street Address (P.O. Box Number is Not Acceptable) 1363 DORADO WAY APT A KISSIMMEE, FL 34741 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of regis (NOTE: Registered Agent signature required when reinstaund) agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D∵ TITLE Delete TITLE Change Addition NAME BAHENA, JOSE NAME Bohengo José STREET ADDRESS 1363 DORADO WAY APT A STREET ADDRESS 207 TARON to Way Kissimmer CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP 34758 VP ٧P TITLE ☐ Delete TITLE Change Addition BAHENA, ANTONIO NAME NAME STREET ADDRESS 200 TARSH to 1363 DORADO WAY APT A STREET ADDRESS KISSIMMEE, FL 34741 KISSImme CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete Addition Bohens, Jesus BAHENA, JESUS NAME NAME STREET ADDRESS 1363 DORADO WAY APT A STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE Delete TITLE ___ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 🗀 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

NING OFFICER OR DIRECTOR

FILED Jul 10, 2006 8:00 am