


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000094460		
1. Entity Name ECONOMY DRYWALL OF TAMPA, INC.		

Principal Place of Business 405 SHORECREST DR TAMPA, FL 33609	Mailing Address 405 SHORECREST DR TAMPA, FL 33609
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2. Principal Place of Business HILLSBOROUGH COUNTY Suite, Apt. #, etc.	3. Mailing Address 405 SHORECREST DR. Suite, Apt. #, etc.
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City & State TAMPA, FL.	City & State FLORIDA
Zip 33609	Country

FILED
05 FEB 11 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1250006	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICH, JOSEPH S 405 SHORECREST DR TAMPA, FL 33609	
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7. Name and Address of New Registered Agent Name: JOSEPH S. RICH Street Address (P.O. Box Number is Not Acceptable) 405 SHORECREST DR. City: TAMPA FL Zip Code: 33609	
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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: <i>Joseph S. Rich</i> DATE: 01-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RICH, JOSEPH 39018 CENTRAL AVE ZEPHYRHILLS, FL 33540 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700047870PST 03/08/05--01008--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RICH, GAYLAN 184 CRYSTAL SPRINGS CRYSTAL SPRINGS, FL 33524 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE: <i>Joseph S. Rich</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01-10-05 <small>Date</small>	813-714-3683 <small>Daytime Phone #</small>
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