2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P05000003108 04-09-2007 90088 022 ***158.75 1. Entity Name LFG DRYWALL FINISHER, INC. Principal Place of Business Mailing Address 40002-1 1850 MUSCAT CT 1850 MUSCAT CT APT. D APT. D KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-2153744 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARAY, LUIS F Street Address (P.O. Box Number is Not Acceptable) 1850 MUSCAT CT APT. D KISSIMMEE, FL 34741 Zip Code 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. Fam tamiliar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Addition GARAY, LUIS F NAME 1850 MUSCAT CT., APT D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PALACIOS, LORENA P NAME NAME STREET ADDRESS 1850 MUSCAT CT., APT. D STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP Deicte Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TIFLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED