2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90104 050 ***150.00

1. Entity Name	MENT # P05000044 PRYWALL, INC.		04-25-2008 90104 050 ***150.00					
Principal Place	e of Business	Mailing Address		_				
		1327 COLORADO ST TALLAHASSEE, FL 32304						
					3 Bir) 410k Briil Briil Bri	II. B B III. BY B EL & IBAL ABABI FIA AL AB	RBBI M COUL	
Principal Place of Business - No P.O. Box # 3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 20-253			optied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require		
! 	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	legistered Agent		
TEJADA, JAIME				Name				
1327 COLORADO'ST TALLAHASSEE, FL 32304			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod		
The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.					th, in the State of Fk	orida. I am familiar with,	and accept	
SIGNATURIN CUFFICIA						Q 4/24/5) <i>g</i> .	
Gignature, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)						DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	P TEMPA MAINE	☐ Delete	TITLE		· 	☐ Change	☐ Addilion	
NAME STREET ADDRESS	TEJADA, JAIME 1327 COLORADO ST		NAME STREET ADDRESS					
CITY-S1-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP					
	Sec.							
	TEJADA, FRANCISCA	☐ Delete	TITLE		, .	☐ Change	Addition	
CITY-SI-ZIP		□ Delete	NAME			Change	☐ Addition	
	TALLAHASSEE, FL 32303	□ Belete	1			☐ Change	Addition	
TITLE	1922 Myrick Ko TALLAHASSEE, FL 32303 Vice President	☐ Delete	NAME STREET ADDRESS CITY-S1-ZIP TITLE			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	1922 Myrick Ko TALLAHASSEE, FL 32303 Vice President		NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 32303		NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME					
NAME STREET ADDRESS CITY-ST-ZIP TITLE	1922 Myrick Ko TALLAHASSEE, FL 32303 Vice President		NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE					
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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. Which all other like empowered.

SIGNATURE:

MANO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/8 (8)222-6953