## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AP
Secretary of State

| ANNUAL REPURI  |                                  |  | <b>€</b>                              | Sametan                    |   |  | ary of Si                 |
|--|----------------------------------|--|---------------------------------------|----------------------------|---|--|---------------------------|
| DOCUMENT # P05000059893  |                                  |  |                                       | Secretary of St            |   |  |                           |
| DRYWALL BROTHERS INSTITUTE INC   |                                  |  |                                       |                            |   |  |                           |
|  |                                  |  |                                       |                            |   |  |                           |
| Principal Place of Business  | N                                | lailing Address                                    |                                       |                            |   |  |                           |
|  |                                  | 714 marianna road<br>Auburndale, Fl. 33823         |                                       |                            |   |  |                           |
| 113501 W.S. 122, 12 00020  |                                  | ,  |                                       |                            | <b>                                    </b> | <br>  <b>       </b>                         |                           |
|  |                                  |  |                                       |                            |   |  |                           |
| N. C.  | · · ·                            | A Property of                                      | •                                     | 03262008                   | No Chg-P                                    | CR2E034 (                                    | 11/05)                    |
| DO NOT WRITE IN THIS SPA   |                                  |  | CE                                    | 4. FEI Numbe               |   | · · · · · ·                                  | Applied For               |
| The state of the s | ŧ                                | 10   | •                                     | 20-2730                    |   |  | Not Applicable            |
|  |                                  | 5  | · · · · · · · · · · · · · · · · · · · | 5. Certificate             | of Status Desired                           |  | 75 Additional<br>Required |
| 6. Name and Add  | iress of Current Regi            | stered Agent                                       | 1                                     |                            |   |  |                           |
| VARGAS, RAUDEL JR<br>714 MARIANNA ROAD   |                                  |  |                                       | DO                         | NOT W                                       | RITE   |                           |
| AUBURNDALE, FL 33823   |                                  |  |                                       | IN T                       | HIS SE                                      | ACF  |                           |
|  |                                  |  |                                       |                            |   | ਨਿਕਾ≱ਜ਼ਾਫ਼"                                  |                           |
| 8. The above named entity submits  | this statement for the           | purpose of changing its register                   | ed office or registe                  | red agent, or bot          | n, in the State of Flo                      | orida. I am famil                            | iar with, and accept      |
| the obligations of registered age  |                                  |  |                                       |                            |   |  |                           |
| SIGNATURE  | me of registered agent and title | a if applicable (NOTE Register                     | ed Agent signature require            | d when reinstating)        | Ueno  | 009 <b>1</b> 5615                            |                           |
| FILE NOW!!! FEE I  | s \$150.00<br>will be \$550.00   | Election Campaign Fina     Trust Fund Contribution |                                       | i.00 May Be<br>ted to Fees |   | 8-80007-                                     | 019 150.00                |
| 10.  | OFFICERS AND DIRE                | CTORS  | , , , , ,                             |                            | 0,000                                       | Marine 1                                     |                           |
| TITLE P NAME VARGAS, RAUDI   | EL JR                            |  |                                       |                            |   |  | (A.)                      |
| SIREET ADDRESS 714 MARIANNA I  |                                  |  |                                       |                            | the me the                                  |  |                           |
| TITLE VP   | - 03023                          |  | ┪,                                    |                            | The Salar                                   | en e     |                           |
| NAME VARGAS, LUZ B<br>STREET ADDRESS 714 MARIANNA  | RD                               |  | •                                     | 24.                        |   | (4) (4) (4)<br>(4)                           |                           |
| CITY-ST-ZIP AUBURNDALE,  |                                  |  |                                       |                            |   | de de la |                           |
| TITLE NAME   |                                  |  |                                       |                            |   | 1 t u  |                           |
| STREET ADDRESS CITY-ST-ZIP   |                                  |  |                                       | DO                         | NOT W                                       | /RITE  |                           |
| TITLE  |                                  |  | -                                     |                            | THIS SI                                     |  |                           |
| NAME<br>STREET ADDRESS   |                                  |  |                                       | ***                        |   |  |                           |
| CITY-ST-ZIP  | <del></del>                      |  | . : : : :                             | a the final                |   |  |                           |
| NAME   |                                  |  |                                       |                            |   | a day  | B. 18.                    |
| STREET ADDRESS CITY-ST-ZIP   |                                  |  |                                       |                            |   | F  |                           |

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.

SIGNATURE: \_

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

04/20/08

Daytime Phone #