2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081849

Entity Name: SARAPE DRYWALL, INC

FILED Jun 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

127 LOIZOS DR 12 VIKING DR NW

FORT WALTON BEACH, FL 32548 US

FORT WALTON BEACH, FL 32548 US

Current Mailing Address: New Mailing Address:

12 VIKING DR NW 127 LOIZOS DR

FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32548 US

FEI Number: 20-2960930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE SOUZA, TIAGO FANELLA, NICHOLAS R 106 BENNING DR SUITE 8 434 TANGLEWOOD DRIVE

DESTIN, FL 32541 FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: NICHOLAS R FANELLA 06/29/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition

HOLGUIN, CESAR F Name: Name: HOLGUIN, CESAR F 127 LOIZOS DR 12 VIKING DR NW APT F Address: Address:

City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: () Delete Title: () Change (X) Addition

Name: Name: CONTRERAS, SANDRA A Address: Address: 12 VIKING DR NW APT F

FORT WALTON BEACH, FL 32548 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR HOLGUIN **PSD** 06/29/2007