2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083191

Entity Name: LB DRYWALL OF JAX CORP

FILED Jun 06, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

7241 OLD KINGS RD S 2930 STONEMONT ST.

APT 1206 APT 18-W

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

7241 OLD KINGS RD S 2930 STONEMONT ST.

APT 1206 APT 18-W

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32217 US

FEI Number: 20-3006445 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:

LEMUS, EMILIO I
7241 OLD KING RD S
APT 1206
LEMUS, EMILIO I
2930 STONEMONT ST.
APT 18-W

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32207 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: EMILIO I LEMUS 06/06/2006

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: PRES () Delete Title: PRES (X) Change () Addition Name: LEMUS, EMILIO I Name: LEMUS, EMILIO I

 Address:
 7241 OLD KINGS RD S APT 1206
 Address:
 2930 STONEMONT ST. APT. 18-W

 City-St-Zip:
 JACKSONVILLE, FL 32217 US
 City-St-Zip:
 JACKSONVILLE, FL 32207 US

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

Name: Name: LEMUS, MARIA B

 Address:
 Address:
 2930 STONEMONT ST. APT 18-W

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32207 US

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

 Name:
 Name:
 RIVERA, MARIXPAL C

 Address:
 2930 STONEMONT ST. 18-W

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EMILIO I LEMUS PRES 06/06/2006