
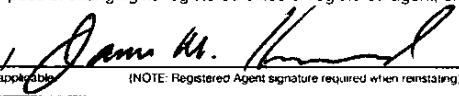


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90086 029 ***150.00

DOCUMENT # P05000146339			
1. Entity Name STARZ DRYWALL INC.			
Principal Place of Business 304 E. BAKER ST. SUITE D PLANT, FL 33563		Mailing Address 304 E. BAKER ST. SUITE D PLANT, FL 33563	
2. Principal Place of Business - No P.O. Box # 687 Alderman Road Suite, Apt. #, etc. Suite 201		3. Mailing Address 687 Alderman Road Suite, Apt. #, etc. Suite 201	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34683	Country U.S.A.	Zip 34683	Country U.S.A.
6. Name and Address of Current Registered Agent WALDEN LAKE BUSINESS SERVICES INC. 304 E. BAKER ST. SUITE D PLANT CITY, FL 33563		7. Name and Address of New Registered Agent Name James M. Hammond, Esq. Street Address (P.O. Box Number is Not Acceptable) 1831 N. Belcher Road, Suite A-1 City Clearwater FL Zip Code 33765	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>James M. Hammond, Esq.</u>  DATE <u>3-16-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAGNON, BRUNO 1008 BEE POND RD PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Gagnon, Bruno 687 Alderman Road, Suite 201 Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAGNON, LORI 1008 BEE POND RD. PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gagnon, Lori 687 Alderman Road, Suite 201 Palm Harbor, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Bruno Gagnon, President/</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/16/07</u> <u>407-466-1330</u> <small>Date Daytime Phone #</small>	