SIGNATURE:

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 21, 2006 8:00 am Secretary of State DOCUMENT # P05000156414 07-19-2006 90006 007 ***550 00 IMMANUEL PLASTER SUPPLY, INC. Principal Place of Business Mailing Address 12401 BOTH LANE N. 12401 80TH LANE N. WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132006 CR2E034 (11/05) 4. FEI Number 3861765 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gilson Campos Jr BENNETT DAVID Street Address (P.O. Box Number is Not Acceptable) 526 IRIS CIRCLE 12401 80th Lane N PALM BEACH GARDENS, FL 33410 Zip 33412 West Palm Beach entry sydmits 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 8. The above named the obligations of amyon SIGNATURE. of registered about and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Р ☐ Delete TITLE ☐ Change ☐ Addition CAMPOS, GILSON JR NAME NAME STREET ADDRESS 12401 80TH LANE N. STREET ADDRESS WEST PALM BEACH, FL 33412 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE VΡ ☐ Change Addition TITLE Delete NAME BENNETT, DAVID NAME Jesus Corredor STREET ADDRESS 12401 80TH LANE N STREET ADDRESS 12401 80th Lane N WEST PALM BEACH, FL 33412 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33412 TITLE Delete Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY-ST-ZIP 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 makes 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/2006

531-585-6666

Daytime Phone #

FILED