2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158287

1. Entity Name
IT'S AFFORDABLE DRYWALL INC



FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Business

3400 PINION DR

HOLIDAY, FL 34691 U

Mailing Address

3400 PINION DR

HOLIDAY, FL 34691

US



02082007

No Chg-P

CR2E034 (11/05)

FEI Number
 20-0495618

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GILMAN, SEAN 3400 PINION DR HOLIDAY, FL 3469

DO NOT WRITE IN THIS SPACE

HOLIDAY, FL 34691			IN THIS SPACE		
	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Fforida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GILMAN, SEAN 3400 PINION DR HOLIDAY, FL 34691				Hoopperagna a
STREET ADDRESS CITY-ST-ZIP					U00000670213 03/27/07-80095-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME					

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: SERN GILMAN,

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1 3-15-7007 727.0