2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P06000034898** 04-16-2007 90090 025 ***150.00 1. Entity Name EXPERT DRYWALL, INC. Principal Place of Business Mailing Address 40063326 231 48TH STREET NORTH 231 48TH STREET NORTH ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 7683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPH, JOHN P ESQ. Street Address (P.O. Box Number is Not Acceptable 2429 CENTRAL AVENUE **SUITE 210** th 5+. N. ST. PETERSBURG, FL 33713 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change ☐ Addition TITLE TITLE **HUNLEY, LARRY B** NAME NAME STREET ADDRESS 231 48TH STREET NORTH STREET ADDRESS ST. PETERSBURG, FL 33713 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition 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 TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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 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.

FILED