2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000115910 FILED 1. Entity Name ROGER WORMSLEY DRYWALL, INC. Aug 27, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 2320 BEE RIDGE ROAD 2320 BEE RIDGE ROAD 135 135 SARASOTA, FL 34292 SARASOTA, FL 34292 No Chg-P CR2E034 (11/05) 05062008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5513176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORMSLEY, ROGER DO NOT WRITE 2320 BEE RIDGE ROAD 135 IN THIS SPACE SARASOTA, FL 34292 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$550.00 U00000958411 Trust Fund Contribution. Added to Fees Due by September 12, 2008 08/27/08-80001-004 558.75 10. OFFICERS AND DIRECTORS TITLE WORMSLEY, ROGER NAME 2320 BEE RIDGE ROAD STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34292 TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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:

STREET ADDRESS

HONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

ang /500

941-926-007)