
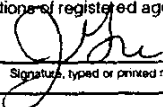
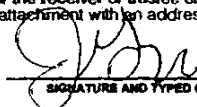


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 024 ***150.00

| | | | | | |
|--|---------------------------------|--|---|---|--|
| DOCUMENT # P06000118177 | | | |  | |
| 1. Entity Name SASI DRYWALL INC | | | | | |
| Principal Place of Business 3436 SUGAR MILL RD KISSIMMEE, FL 34741 | | | Mailing Address 3436 SUGAR MILL RD KISSIMMEE, FL 34741 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-5545230 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GARCIA, JESSICA 3436 SUGAR MILL RD KISSIMMEE, FL 34741 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; border: 1px solid black; padding: 2px;"> FL Zip Code </div> | | |
| 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:  <div style="float: right; text-align: right;"> DATE </div> | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00 | | 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 | P | <input type="checkbox"/> Delete | TITLE | Pres. of | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARCIA, JESSICA | | NAME | Ayala Santa | |
| STREET ADDRESS | 3436 SUGAR MILL RD | | STREET ADDRESS | 1080. S. Hoagland Blvd #34 | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | | CITY-ST-ZIP | Kiss. FL 34741 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AYALA, KATHY | | NAME | Garcia Jessica | |
| STREET ADDRESS | 3436 SUGAR MILL RD | | STREET ADDRESS | 3436 Sugar mill RD | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | | CITY-ST-ZIP | Kiss. FL 34741 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RIVERA, JOE | | NAME | | |
| STREET ADDRESS | 3436 SUGAR MILL RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE, FL 34741 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE:  | | | Date: March 31 08 787-464-3345 Daytime Phone # | | |