

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024895

Entity Name: R.E.M. DRYWALL, INC.

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

1736 FRUIT COVE WOODS DRIVE
ST. JOHNS, FL 32259

New Principal Place of Business:

445 SR 13N, #26 PMB 429
JACKSONVILLE, FL 32259 US

Current Mailing Address:

1736 FRUIT COVE WOODS DRIVE
ST. JOHNS, FL 32259

New Mailing Address:

445 SR 13N, #26 PMB 429
JACKSONVILLE, FL 32259 US

FEI Number: 20-8554467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEPEDA, RAMON A
1736 FRUIT COVE WOODS DRIVE
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

CEPEDA, RAMON A
445 SR 13N, #26 SUITE PMB 429
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: RAMON A CEPEDA

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CEPEDA, RAMON A
Address: 1736 FRUIT COVE WOODS DRIVE
City-St-Zip: ST. JOHNS, FL 32259

Title: VP () Delete
Name: CEPEDA, MEDA
Address: 1736 FRUIT COVE WOODS DRIVE
City-St-Zip: ST. JOHNS, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CEPEDA, RAMON A
Address: 1736 FRUIT COVE WOODS DRIVE
City-St-Zip: ST. JOHNS, FL 32259 US

Title: VP (X) Change () Addition
Name: CEPEDA, MEDA
Address: 1736 FRUIT COVE WOODS DRIVE
City-St-Zip: ST. JOHNS, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON CEPEDA

P

03/11/2008

Electronic Signature of Signing Officer or Director

Date