2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: 1

Jan 31, 2007 8:00 am Secretary of State DOCUMENT # P93000019545 01-31-2007 90046 028 ***158.75 DRYWALL PRODUCTS AND TOOLS, INC. Mailing Address Principal Place of Business 369 BLANDING BLVD. 369 BLANDING BLVD. **SUITE 1001** SUITE 1001 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3171195 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BRYANT, DÉWAYNE M Street Address (P.O. Box Number is Not Acceptable) 369 BLANDING BLVD. SUITE 1001 ORANGE PARK FL 32073 Zip Code 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 Signature, typed or infinted name of registered agent and title inapplicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 93-74-5583 S/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. S TERRENCE J ROBERIS Change THLE TOTAL X Addition Delete BRYANT, DEWAYNE M NAME 369 Blanding Blud, STE. 1001 ORANGE PARK FI. 32073 369 BLANDING BLVD. STE. 1001 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY - ST - ZIP IIIŒ ☐ Delete THE Addition BRYANT, MARION O NAME NAME 369 BLANDING BLVD. STE. 1001 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete THE THIE ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP ☐ Delete ma Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY - ST - ZIP Change THILE ☐ Defete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THE ☐ Delete HITE Change ___ Addition NAME NAME STREET ADDRESS STREET ADORESS 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 Section 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 trustoe 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