2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 08, 2005 8:00 am Secretary of State DOCUMENT # P93000045745 1. Entity Name 03-08-2005 90167 035 ***155.00 GBD DRYWALL CORP. Principal Place of Business Mailing Address 6957 NORTHWEST 8TH COURT 6957 NORTHWEST 8TH COURT MARCATE FL 33063 MARGATE FL 33063 3. Mailing Address PKWY Mang ate 16 U. Canol FL 33668 2. Principal Place of Business Mangate 16 N. Carol PKWy FL 330 Don'th Canol Pank Way 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For FLonida 65-0421627 Not Applicable Sountry Broward \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BILODEAU, YVAN R Street Address (P.O. Box Number is Not Acceptable) 6957 NW 8TH CT MARGATE FL 33063 Canol 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 the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 U Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition Bilodeau, YVAN J 16 North Carol PKWY MAME BILODEAU, YVAN J NAME 6957 NW 8TH CT STREET ADDRESS STREET ADDRESS MARGATE FL 33063 33068 CITY-ST-7IP CITY-ST-ZIP Mangate, FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ____ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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