2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P93000074207

Entity Name: K.T. DRYWALL, INC.

Current Principal Place of Business:

17309 CASTILE RD.
FT. MYERS, FL 33912 US

New Principal Place of Business:

17309 CASTILE RD.
FT. MYERS, FL 33967 US

Current Mailing Address:

17309 CASTILE RD.
FT. MYERS, FL 33912 US

New Mailing Address:

17309 CASTILE RD.
FT. MYERS, FL 33967 US

FEI Number: 65-0444181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, KARL T
17309 CASTILE RD.
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

SIMPSON, KARL T
17309 CASTILE RD.
FT. MYERS, FL 33967 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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SIMPSON, KARL
Address: 17309 CASTILE RD
City-St-Zip: FT MYERS, FL 33912

Title: VP ( ) Delete
Name: SIMPSON, BRADLEY F
Address: 306 LINCOLN AVE SE
City-St-Zip: LEIGH HIGH, FL 33972

Title: VP ( ) Delete
Name: MUSGRAVE, THOMAS M
Address: 22231 FOUTAIN LAKES BLD
City-St-Zip: FT. MYERS, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: SIMPSON, KARL
Address: 17309 CASTILE RD
City-St-Zip: FT MYERS, FL 33967

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KARL T. SIMPSON PRES 04/30/2008
Electronic Signature of Signing Officer or Director — Date