2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061291

Address:

City-St-Zip:

8202 CATHY ANN DR

ORLANDO, FL 32818

FILED Apr 17, 2007 Secretary of State

Entity Name: DYAL MA	ASONRY, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
3202 CATHY ANN ORLANDO, FL 32818				
Current Mailing Address:		New Mailing Address:		
PO BOX 850 OCOEE, FL 34761				
FEI Number: 59-3945752	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MUNROE, MELISA D 511 N. FERNCREEK AV ORLANDO, FL 32803	ENUE US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	

8202 CATHY ANN DR ORLANDO, FL 32818 US

Title: () Delete Title: (X) Change () Addition DYAL, JEFFREY P DYAL, JEFFREY P Name: Name: 3202 CATHY ANN Address: 3202 CATHY ANN Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818 US Title: () Delete Title: (X) Change () Addition DYAL, GARY W DYAL, GARY W Name: Name: Address: 1502 STARFIAE LANE Address: 1502 STARFIRE LANE OCOEE, FL 34761 OCOEE, FL 34761 US City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: DYAL, GLENN F Name: DYAL, GLENN F

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: BETTY DYAL OM 04/17/2007