2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 19, 2007 08:00 AM DOCUMENT # P97000107201 Secretary of State B & W DRYWALL, INC. Principal Place of Business Mailing Address P.O. BOX 2588 P.O. BOX 2588 **WINTER HAVEN FL 33883-2588 WINTER HAVEN FL 33883-2588** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-3482144 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BRITTLE, RONALD G JR Street Address (P.O. Box Number is Not Acceptable) 104 BREAM STREET HAINES CITY FL 33844 City 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 printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST TITLE ☐ Change Addition ☐ Delete TITLE BRITTLE, RONALD G JR NAM! NAME P.O. BOX 2588 (NA) STREET ADDRESS STREET ADORESS WINTER HAVEN FL 33883-2588 CITY+ST-7IP CHY-SI-ZIP ☐ Deleic TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS U000000671757 CITY-ST-7IP CITY-ST-ZIP 08/28/07-80041-0change 15B Addition THE ☐ Defete TITLE, NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7/P ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete HILL: ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP TITLE HILE ☐ Change Delele ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1-7IP CITY - ST - ZIP I heroby cortify 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 each; 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.

SIGNATURE:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description of the corporation or tho receiver or trustee empowers in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.