


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000063823 1. Entity Name ISLAND DRYWALL, INC.	
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Principal Place of Business 1343 CLEARBROOK STREET SEBASTIAN, FL 32958	Mailing Address P.O. BOX 1344 SEBASTIAN, FL 32978
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05122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3524361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIER, TONY 1343 CLEARBROOK STREET SEBASTIAN, FL 32958

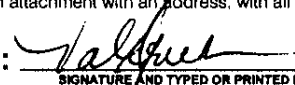
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIER, TONY E 1343 CLEARBROOK STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIER, PATRICE 1343 CLEARBROOK STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIER, VALERIE 1343 CLEARBROOK STREET SEBASTIAN, FL 32458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000951955 06/04/08-80058-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE:  VALERIE GRIER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/12/08 772-589-4103 <small>Date Daytime Phone #</small>