


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90036 023 ***158.75

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| DOCUMENT # S01917 |  |
| 1. Entity Name ROBERT'S DRYWALL SYSTEMS, INC. | |

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| Principal Place of Business 947 BAYVIEW ROAD LAKE WORTH, FL 33463 US | Mailing Address 947 BAYVIEW ROAD LAKE WORTH, FL 33463 US |
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| 2. Principal Place of Business - No P.O. Box # 2557 S.E. Hemsing ST. | 3. Mailing Address 2557 SE Hemsing ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State PORT ST. LUCIE FL. | City & State PORT ST. LUCIE FL. |
| Zip 34984 | Country U.S. |



01232007 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent MONESCALCHI, RICHARD J ESQ 6894 LAKE WORTH RD STE 203 LAKE WORTH, FL 33467 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SCHWARTZBERG, ROBERT H 947 BAYVIEW ROAD LAKE WORTH, FL 33463 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SCHWARTZBERG, ROBERT H 947 BAYVIEW ROAD LAKE WORTH, FL 33463 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Robert H. Schwartzberg* **ROBERT H. SCHWARTZBERG** 2-5-07 344-8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #