2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# V06831

Entity Name: S.A.M. DRYWALL INC.

Current Principal Place of Business:

5600 ZIP DRIVE
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

5600 ZIP DRIVE
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 65-0308476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PITKIN, JERALD R ESQ.
801 ANCHOR RODE DRIVE
SUITE 203
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: LEGAULT, YVES
Address: 5600 ZIP DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: PST ( ) Delete
Name: BURNES, LARRY
Address: 5600 ZIP DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete
Name: BURNES, LARRY
Address: 5600 ZIP DRIVE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BURNES, LARRY
Address: 5600 ZIP DRIVE
City-St-Zip: FORT MYERS, FL 33905

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 for the exemption stated in Section 119.07(3)(i), 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: STACY L HAWKINS ADMN 02/28/2005

Electronic Signature of Signing Officer or Director Date