2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20013

Apr 27, 2009 Secretary of State

Entity Name: CENTRAL DRYWALL CONTRACTORS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

10714 FLORENCE AVE 10714 FLORENCE AVE

SUITE A SUITE A

THONOTOSASSA, FL 335922717 US THONOTOSASSA, FL 33592 US

Current Mailing Address: New Mailing Address:

10714 FLORENCE AVE 10714 FLORENCE AVE

SUITE A SUITE A

THONOTOSASSA, FL 335922717 US THONOTOSASSA, FL 33592 US

FEI Number: 59-3105191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCOTT, WAYNE SCOTT, WAYNE 10714 FLORENCE AVE

SUITE A SUITE A

THONOTOSASSA, FL 335922717 US THONOTOSASSA, FL 33592 US

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: 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: SCOTT, WAYNE Name: SCOTT, WAYNE
Address: 10714 FLORENCE AVE., SUITE A Address: 10714 FLORENCE AVE., SUITE A

Address: 10714 FLORENCE AVE., SUITE A Address: 10714 FLORENCE AVE., SUITE A City-St-Zip: THONOTOSASSA, FL 335922717 City-St-Zip: THONOTOSASSA, FL 33592

Title: V () Delete Title: VP (X) Change () Addition Name: SCOTT, CHRISTOPHER Name: SCOTT, CHRISTOPHER

Address: 1006 BELL SHOALS LANE Address: 4630 W. KIGHTS GRIFFIN RD.
City-St-Zip: BRANDON, FL 33511 City-St-Zip: PLANT CITLY, FL 33565

Title: T () Delete Title: T (X) Change () Addition

 Name:
 WICKER, ROBERT L
 Name:
 WICKER, ROBERT L

 Address:
 7516 ARTIFACT DR
 Address:
 7516 ARTIFACT DR

 City-St-Zip:
 WIMAUMA, FL
 City-St-Zip:
 ZEPHYRHILLS, FL 33541

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

SIGNATURE: CHRISTOPHER SCOTT VP 04/27/2009