


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 008 ***158.75

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1. Entity Name
INNOVATIVE HOME INVESTORS, INC.



Principal Place of Business Mailing Address

**13311 WINDING OAK CT
 STE C
 TAMPA, FL 33612**

**P O BOX 280031
 TAMPA, FL 33682**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

13650 N 12th St.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Ste C

03282007 Chg-P CR2E034 (12/06)

City & State City & State

Tampa, FL

4. FEI Number Applied For

20-0531421 Not Applicable

Zip Country Zip Country

33613 **US**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVER, JAY
 13311 WINDING OAK CT,
 STE C
 TAMPA, FL 33612**

7. Name and Address of New Registered Agent

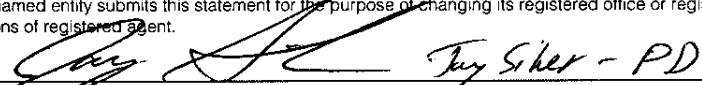
Name **Silver, Jay**

Street Address (P.O. Box Number is Not Acceptable)

13650 N. 12th St. Ste C

City **Tampa** FL Zip Code **33613**

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:  **Jay Silver - PD** DATE: **3-29-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVER, JAY		NAME Silver, Jay	
STREET ADDRESS 13311 WINDING OAK CT STE C		STREET ADDRESS 13650 N. 12th St Ste C	
CITY-ST-ZIP TAMPA, FL 33612		CITY-ST-ZIP Tampa, FL 33613	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Jay Silver** DATE: **3-29-07** DAYTIME PHONE #: **813-319-5492**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #