FILED 2006 FOR PROFIT CORPORATION May 08, 2006 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000004755 SAME DAY IMPROVEMENT, INC. Principal Place of Business Mailing Address 21967 BOCA WOODS LN S 21967 BOOCA WOODS LN S BOCA RATON, FL 33428 BOCA RATON, FL 33428 DO NOT WRITE IN THIS SPACE No Chg-P 02152006 CR2E034 (11/05) 4. FEI Number Applied For 20-0720761 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent EIZENBERG, SHMUEL DO NOT WRITE 21967 BOCA WOODS LN S BOCA RATON, FL 33428 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

EIZENBERG, SHMUEL

PSTD

OFFICERS AND DIRECTORS

10.

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-7IP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CiTY-ST-7IP

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

STREET ADDRESS 21967 BOCA WOODS LN S · U00000563482 BOCA RATON, FL 33428

and Till NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE HILE

12. I hereby certify that the information supplied with this filing does not quality 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 cath; 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.

NAME OF SIGNING OFFICER OR DIRECTOR