2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2007
Secretary of State

DOCUMENT# P04000010773

Entity Name: MEHTO CIKA HOME REPAIRS INC.

Current Principal Place of Business:

6709 ST AUGUSTINE RD SUITE 251
JACKSONVILLE, FL 32217

New Principal Place of Business:

8912 BLAINE MEADOWS DRIVE
JACKSONVILLE, FL 32257

Current Mailing Address:

6709 ST AUGUSTINE RD SUITE 251
JACKSONVILLE, FL 32217

New Mailing Address:

8912 BLAINE MEADOWS DRIVE
JACKSONVILLE, FL 32257

FEI Number: 54-2126780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ROWLAND V
1125-1 CESERY BLVD
JACKSONVILLE, FL 32211 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: CEOP ( ) Delete
Name: CIKA, MEHTO
Address: 6709 ST AUGUSTINE RD SUITE 251
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: CIKA, MEHTO
Address: 6709 ST AUGUSTINE RD SUITE 251
City-St-Zip: JACKSONVILLE, FL 32217

Title: COOV ( ) Delete
Name: CIKA, BUKURIE
Address: 6709 ST AUGUSTINE RD SUITE 251
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: CIKA, BUKURIE
Address: 6709 ST AUGUSTINE RD SUITE 251
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change ( ) Addition
Name: CIKA, MEHTO
Address: 8912 BLAINE MEADOWS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change ( ) Addition
Name: CIKA, MEHTO
Address: 8912 BLAINE MEADOWS
City-St-Zip: JACKSONVILLE, FL 32257

Title: COOV (X) Change ( ) Addition
Name: CIKA, BUKURIE
Address: 8912 BLAINE MEADOWS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change ( ) Addition
Name: CIKA, BUKURIE
Address: 8912 BLAINE MEADOWS
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: MEHTO CIKA CEOP 03/17/2007

Electronic Signature of Signing Officer or Director Date