
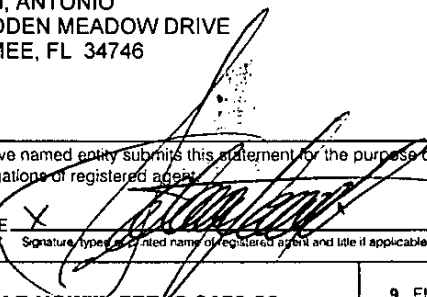
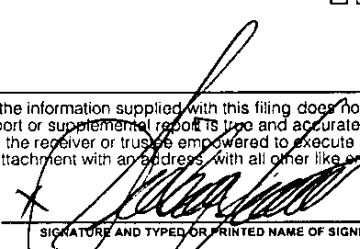


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90208 002 ***150.00

DOCUMENT # P04000157545			
1. Entity Name BERAUN HOME IMPROVEMENT, INC.			
Principal Place of Business 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746		Mailing Address 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746	
2. Principal Place of Business 4832 CUMBRIAN LAKES DR.		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE, FL 34746		City & State SAME	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BERAUN, ANTONIO 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name: ANTONIO BERAUN Street Address (P.O. Box Number is Not Acceptable): 4832 CUMBRIAN LAKES DR. City: KISSIMMEE FL Zip Code: 34746	
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 		DATE	
FILE NOW!!! FEES \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERAUN, ANTONIO 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4832 CUMBRIAN LAKES DR. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BERAUN, NUBIA 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4832 CUMBRIAN LAKES DR. KISSIMMEE, FL 34746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 		Date: 3/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	