## 2007 FOR PROFIT CORPORATION

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

## Apr 11, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P05000035544 CRH REPAIR SERVICES INC Principal Place of Business Mailing Address PO BOX 13094 PO BOX 13094 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 No Chg-P CR2E034 (11/05) 03282007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2528520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DELISI & BYCK ACCOUNTING & TAX SERVICES** DO NOT WRITE 4361 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HORAN, CHARLES NAME STREET ADDRESS PO BOX 13094 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE U00000699359 04/19/07-80039-014 150.0D NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

8D 4-9.07

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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.

tolan CHARLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR