


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90457 042 ***150.00

DOCUMENT # P96000045949

1. Entity Name
 THE RENOVATORS, INC.



Principal Place of Business
 6643 CATALPA DR
 NEW PT RICHEY, FL 34655 US

Mailing Address
 6643 CATALPA DR
 NEW PT RICHEY, FL 34655 US

60031933



2. Principal Place of Business
 18501 Council Crest Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 18501 Council Crest Dr.
 Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State
 Odessa, FL

City & State
 Odessa, FL

4. FEI Number
 59-3383269

Applied For
 Not Applicable

Zip
 33556

Country

Zip
 33556

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIANO, SHERRIE M
 6643 CATALPA DR
 NEW PT RICHEY, FL 34655

Name

Street Address (P.O. Box Number is Not Acceptable)
 18501 Council Crest Dr.

City Odessa FL Zip Code 33556

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: Sherrie Piano Sherrie Piano, Pres DATE: 4-26-06

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, 2006 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
NAME	PIANO, SHERRIE M
STREET ADDRESS	6643 CATALPA DR
CITY-ST-ZIP	NEW PT RICHEY, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SAME</u>
STREET ADDRESS	<u>18501 Council Crest Dr.</u>
CITY-ST-ZIP	<u>Odessa, FL 33556</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Sherrie Piano Sherrie Piano DATE: 4-26-06 DAYTIME PHONE #: 813-792-8016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR