2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011684

1. Entity Name

FOR ALL YOUR HOME IMPROVEMENT NEEDS, CORP.



Principal Place of Business

10601 N. 25TH STREET TAMPA, FL 33612 Mailing Address

10601 N. 25TH STREET TAMPA, FL 33612

FILED Jan 26, 2006 8:00 am Secretary of State

01-26-2006 90038 045 ***150.00



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3620407

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVILES, RUPERTO 10601 N 25TH ST TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

•		IN THIS SPACE			
•	¥4.8				
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_	- 				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	PD gr				
NAME	AVILES, RUPERTO	•			
STREET ADDRESS	10601 N. 25TH STREET	•			
CITY-ST-ZIP	TAMPA, FL 33612				
TITLE	STD				
NAME	SERRANO, RUTH M				
STREET ADDRESS	SS 10601 N. 25TH STREET				
CITY-ST-ZIP	TAMPA, FL 33612				
TITLE					
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP				DU	NOI WRITE
TITLE				INI '	THIS SPACE
NAME				11.4	THIS STACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
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 samp 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 attact pent with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06 Dave

Daytime Phone #