2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/12/2007-90057-002-$158.75-$158.75

FILED

2007 OCT -7 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 326660

1. Entity Name
ACCURATE HOME IMPROVEMENT, INC.

Principal Place of Business	Mailing Address
1036 E PEBBLE BEACH CIRCLE WINTER SPRINGS FL 32708 US	1036 E PEBBLE BEACH CIRCLE WINTER SPRINGS FL 32708 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
112 DRAGONFLY DR.	112 DRAGONFLY Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE, FLA.	City & State: TITUSVILLE, FLA.
Zip: 32780 Country: USA.	Zip: 32780 Country: USA.

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1220653 | Applied For | Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOCKYER, ALFRED, JR. 1036 E PEBBLE BEACH CIRCLE WINTER SPRINGS FL 32708	Name: Alfred Lockyer JR. Street Address (P.O. Box Number is Not Acceptable): 112 DRAGONFLY Dr. City: TITUSVILLE FL Zip Code 32780

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] AL LOCKYER 7/9/07
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOCKYER, ALFRED ~~1036 E PEBBLE BEACH CIRCLE~~ ~~WINTER SPRINGS FL 32708~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	00011074630 10/12/07--01071--005 **400.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	112 DRAGONFLY Dr. TITUSVILLE, FL. 32780 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] AL LOCKYER 7/9/07 407-310-4640 321-289-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

10/11