

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 430706

Entity Name
AND RENOVATIONS, INC.



Place of Business
**DUVAL ST.
WEST, FL 33040 US**

Mailing Address
**1319 DUVAL STREET
KEY WEST, FL 33040**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2049139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BABICH, MATTHEW P
DUVAL STREET
WEST, FL 33040**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
NOT May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

0117200601396244
01/30/06-80024-017 150.00

OFFICERS AND DIRECTORS

VD MAYER, ERWIN 903 WASHINGTON STREET KEY WEST, FL 33040
T BABICH, MATTHEW P 1319 DUVAL STREET KEY WEST, FL 33040
D RANDS, DALE G 121 W LONG LAKE RD, 3RD FLOOR BLOOMFIELD HILLS, MI 48304
PD KAUFMAN, STUART M 121 W LONG LAKE RD, 3RD FL BLOOMFIELD HILLS, MI 48304

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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 305/246-6572
Date Daytime Phone #