


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 029 ***150.00

DOCUMENT # F93000003361 1. Entity Name NORWEST HOME IMPROVEMENT, INC.					
Principal Place of Business 1200 CONCORD AVENUE 3RD FLOOR SOUTH CONCORD, CA 94520 US			Mailing Address 2200 JOHN GLEN DRIVE MAC A0303-139 CONCORD, CA 94520 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0256232	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional - Fee Required -	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	PD WOO HO, DOREEN 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD TOLDA, THOMAS 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS AGUIRRE, ANNETTE 2200 JOHN GLEN DR CONCORD, CA 94520	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAMOND, KATHRYN 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC LEE, JANET 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS Stuart Lehr 550 California St., 11th Floor San Francisco, CA 94104	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS Stuart Lehr 550 California St., 11th Floor San Francisco, CA 94104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS Stuart Lehr 550 California St., 11th Floor San Francisco, CA 94104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stuart Lehr 2-4-05 (415) 222-2750					