
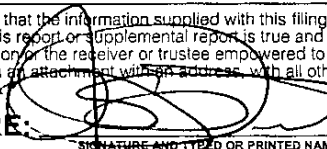


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90041 010 \*\*\*158.75

<b>DOCUMENT # F94000001986</b>					
<b>1. Entity Name</b> AMERICAN RENOVATIONS OF FLORIDA, INC.					
<b>Principal Place of Business</b> 4405 ENGLE ROAD FORT WAYNE, IN 46804			<b>Mailing Address</b> 4405 ENGLE ROAD FORT WAYNE, IN 46804		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 35-1837341	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SLUSSER, ROBERT W 18235 BRAZIL ROAD FORT CHARLOTTE, FL 33948				<b>7. Name and Address of New Registered Agent</b> Name <b>NRAI Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2731 Executive Park Drive</b> Suite 4 City <b>Weston, FL</b> Zip Code <b>33331</b>	
<b>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.</b>					
SIGNATURE <u>Xonda Diven, Assistant Secretary (See attached signature)</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC DIETRICH, ROBERT S MR 5415 OLD MILL ROAD FORT WAYNE, IN 46807 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Robert Dietrich, President</b> 04/21/08 (260) 459-9550					

ATTACHMENT

RX Date/Time APR-18-2008(FRI) 01:02  
 Apr. 18. 2008 3:05PM Department of State

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 #F94000001986

P. 004  
 No. 4513 REP. 4013

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

NRA Services, Inc.  
 By: Xonda Diven, Assistant Secretary

This signature must be that of the individual signing this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.08, Florida Statutes.

Xonda Diven, Assistant Secretary

**Officer/Director Name And Address****Name And Address #1**

Title

PC

Name (Last, First, Middle, Title)

DIETRICH

ROBERT

S

MR

- OR -

Entity Name to serve as Officer/Director

Street Address

5415 OLD MILL ROAD

City, State

FORT WAYNE

IN

Zip Code &amp; Country

46807

**Name And Address #2**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #3**

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code &amp; Country

**Name And Address #4**

Title

Name (Last, First, Middle, Title)