2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H72507 Mar 12, 2007 08:00 AM Secretary of State 1. Entity Namo EXTERIOR HOMEWORKS, INC. Principal Place of Business Mailing Address 1965 OAKHURST AVE. 1965 OAKHURST AVE. WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, otc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-2569921 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDIG, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 1965 ÖAKHURST AVE. WINTER PARK FL 32792 City 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE Delete TITLE Change Addition REDIG, JAMES P. NAME NAME 000000663101 03/21/07-80040-007 150.00 1965 OAKHURST AVE STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST-ZIP HRE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- \$1-71P CITY · ST • ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP TITLE Delete ITILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP

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 logal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 attachmont with an address, with all gither like empowered.

FILED