

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004295

FILED
Jul 11, 2006
Secretary of State

Entity Name: KEN'S HOME IMPROVEMENT, LLC

Current Principal Place of Business:

11 ELOISE CIRCLE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4003
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 03-6302500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDREWS, KENNETH
11 ELOISE CIRCLE
ORMOND BEACH, FL 32176 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDREWS, KENNETH
Address: 11 ELOISE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR () Delete
Name: ANDREWS, EILEEN
Address: 11 ELOISE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR () Delete
Name: ANDREWS, MELISSA
Address: 11 ELOISE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENNETH A. ANDREWS

PRES

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date