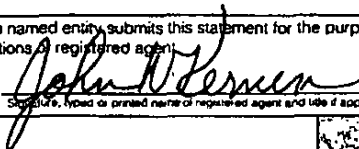
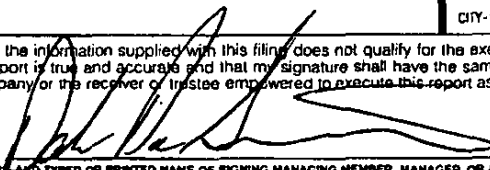


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

03-31-2006 90181 049 ****50.00

DOCUMENT # L04000027098					
1. Entity Name DALE'S REMODELING, LLC					
Principal Place of Business 104 HUDSON DR NW FORT WALTON BEACH FL 32548 US			Mailing Address 104 HUDSON DR NW FT. WALTON BEACH FL 32548 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 33-1089362	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DESIMONE, DALE D 104 HUDSON DR NW FT. WALTON BEACH FL 32548				7. Name and Address of New Registered Agent Name John W. Kernan Street Address (P.O. Box Number is Not Acceptable) 106 Hudson Drive NW City Ft. Walton Beach FL Zip Code 32548	
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 				DATE 03/14/06	
FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESIMONE, DALE D 104 HUDSON DR NW FT. WALTON BEACH FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, ANTHONY D 104 HUDSON DR NW FORT WALTON BEACH FL 32548	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, ANDREW D 104 HUDSON DR NW FORT WALTON BEACH FL 32548	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition	
11. 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 is true and accurate and that my 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: 				DATE 03/14/06 (850) 582-7588	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	