2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 31, 2008 08:00 AN DOCUMENT # L05000057125 . **Secretary of State** 1. Entity Name SLAGLE HOME IMPROVEMENT LLC Principal Place of Business Mailing Address 620 SOUTH WOODWARD AVE PO BOX 585 DELAND, FL 32721-0585 DELAND, FL 32720 01232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 61-1462147 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent SLAGLE, FRANCIS L DO NOT WRITE 620 SOUTH WOODWARD AVE DELAND, FL 32720 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 000000807191 02/06/08-80071-024 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SLAGLE, FRANCIS MARKE PO BOX 585 STREET ADDRESS CITY-ST-ZIP DELAND, FL 327210585 TITLE NAME STREET ADDRESS CITY-ST-7IP THIE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP TITLE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

CITY-ST-ZIF