2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L07000006143

Entity Name: ALLIKRISTE' REMODELING GROUP LLC

Current Principal Place of Business:

9900 18TH ST N
STE 102
SAINT PETERSBURG, FL 337164224 US

New Principal Place of Business:

Current Mailing Address:

9900 18TH ST N
STE 102
SAINT PETERSBURG, FL 337164224 US

New Mailing Address:

FEI Number: 20-8257746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAFATA & COMPANY, CPAS
5300 WEST CYPRESS ST.
SUITE 247
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: JMH CAPITAL, INC.,
Address: 1400 NORTH SHORE DR. NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGR ( ) Delete
Name: HPV LLC,
Address: 2490 PINELLAS POINT DR. S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: MGR ( ) Delete
Name: RM OSTROWSKI, INC.,
Address: 670 10TH AVENUE S.
City-St-Zip: ST. PETERSBURG, FL 33701 US

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 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: JOSEPH E. HOULTON MGR 01/14/2008

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