2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# L07000039439

Entity Name: WHILE YOU WERE IN HOME IMPROVEMENT, LLC

Current Principal Place of Business:

6581 FLINTWOOD ST.
NAVARRE, FL 32566 US

New Principal Place of Business:

2958 PASO DE VIVOZ
NAVARRE, FL 32566 US

Current Mailing Address:

6581 FLINTWOOD ST.
NAVARRE, FL 32566 US

New Mailing Address:

2958 PASO DE VIVOZ
NAVARRE, FL 32566 US

FEI Number: 11-3809955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAIR, THOMAS
6581 FLINTWOOD ST.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

HAIR, THOMAS
2958 PASO DE VIVOZ
NAVARRE, FL 32566 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: 03/18/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAIR, THOMAS
Address: 6581 FLINTWOOD ST.
City-St-Zip: NAVARRE, FL 32566 US

Title: MGRM ( ) Delete
Name: HAIR, HELEN
Address: 6581 FLINTWOOD ST.
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HAIR, THOMAS
Address: 2958 PASO DE VIVOZ
City-St-Zip: NAVARRE, FL 32566 US

Title: MGRM (X) Change ( ) Addition
Name: HAIR, HELEN
Address: 2958 PASO DE VIVOZ
City-St-Zip: NAVARRE, FL 32566 US

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: THOMAS HAIR MGRM 03/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date