2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2008
Secretary of State

DOCUMENT# L07000083467

Entity Name: 1ST IMPRESSION HOME IMPROVEMENT, LLC

Current Principal Place of Business:

4519 DECLARATION DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

4517 DECLARATION DRIVE
KISSIMMEE, FL 34746

Current Mailing Address:

P.O. BOX 421316
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 16-1745378 **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:

SHOWALTER, ALAN G
4519 DECLARATION DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

SHOWALTER, ALAN G
4517 DECLARATION DRIVE
KISSIMMEE, FL 34746 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: _____ 09/15/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS ( ) Change (X) Addition
Name: SHOWALTER, BARBARA E
Address: 4517 DECLARATION DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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: BARBARA E. SHOWALTER MRS 09/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date