
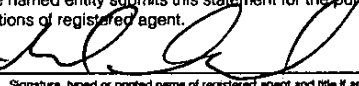



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90179 011 \*\*\*150.00

<b>DOCUMENT # P0000060762</b> 1. Entity Name <b>NEW IMAGE EXTERIORS, INC.</b>																																																																																																																													
Principal Place of Business <b>11963 BETULA ROAD JACKSONVILLE, FL 32246</b>			Mailing Address <b>11963 BETULA ROAD JACKSONVILLE, FL 32246</b>																																																																																																																										
2. Principal Place of Business <b>96164 LONG ISLAND PLACE</b>		3. Mailing Address <b>96164 LONG ISLAND PLACE</b>		<b>50044690</b>																																																																																																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04262005    Chg-P    CR2E034 (10/03)																																																																																																																									
City & State <b>fernandina beach FL</b>		City & State <b>fernandina beach FL</b>		4. FEI Number <b>59-3658682</b>																																																																																																																									
Zip <b>32034</b>		Country <b>NASSAU</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
Zip <b>32034</b>		Country <b>NASSAU</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent  <b>HILL, MICHAEL L 11963 BETULA ROAD JACKSONVILLE, FL 32246</b>				7. Name and Address of New Registered Agent Name <b>HILL, Michael L</b> Street Address (P.O. Box Number is Not Acceptable) <b>96164 LONG ISLAND PLACE</b>  <b>fernandina beach FL</b> Zip Code <b>32034</b>																																																																																																																									
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 <b>4-27-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P HILL, MICHAEL</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P HILL, Michael</td> <td style="width: 10%; padding: 2px;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6383 ANTLERS RUN DRIVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">96164 LONG ISLAND PLACE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">JACKSONVILLE, FL 32234</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">fernandina beach FL 32034</td> <td></td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> </table>						10. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																																																																																																																													
SIGNATURE:  <b>904-334-1563</b> <b>4-27-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																																																																																													