

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90158 029 ***150.00

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04142007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000012938					
1. Entity Name COMPLETE HOME IMPROVEMENT, CORP					
Principal Place of Business 1100 N. VOLUSIA AVE ORANGE CITY, FL 32763			Mailing Address 1100 N. VOLUSIA AVE ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box # 2856 W Huron Dr <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2856 W Huron Dr, <small>Suite, Apt. #, etc.</small>			
City & State Deltona, FL		City & State Deltona FL		4. FEI Number 59-3699222	
Zip 32738		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIVOLTI, MARIO 1100 N VOLUSIA AVE. ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2856 W Huron Dr. City Deltona FL Zip Code 32738		
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: <i>Mario Livolti</i> DATE: 4/15/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVOLTI, MARIO A 1100 N. VOLUSIA AVE ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2856 W. Huron Dr. Deltona, FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIVOLTI, CHRISTOPHER 2856 W HURON DR. DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. 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 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: <i>Mario Livolti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/07 <small>Date Daytime Phone #</small>		