2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2008 08:00 Al Secretary of State **DOCUMENT # P01000023008** 1. Entity Name MOJÓ HOME IMPROVEMENTS INC. Principal Place of Business Mailing Address 8867 NW 45 PLACE 8867 NW 45 PLACE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 No Chg-P CR2E034 (11/05) 03042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1078923 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIMBOLI, STEVEN 8867 NW 45 PLACE CORAL SPRINGS, FL 33065 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE SIMBOLI, STEVEN NAME STREET ADDRESS 8867 NW 45 PLACE CORAL SPRINGS, FL 33065 CITY-ST-ZIP U00000940724 05/28/08-80079-004 150.00 MLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS CITY-ST-ZIP