FROM :Michael R. Rubenstein & Assoc. FAX NO. :239 489 3638

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May 03, 2007 8:00 am
Secretary of State
05-03-2007 90032 022 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000122496

1. Entity Name
BE SURE HOME IMPROVEMENTS, INC.

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Principal Place of Business	Mailing Address
~~9131 COLLEGE PARKWAY~~ ~~#11~~ FORT MYERS, FL 33919 US	~~9131 COLLEGE PARKWAY~~ ~~#11~~ FORT MYERS, FL 33919 US

2. Principal Place of Business No P.O. Box #	3. Mailing Address
12717 Mcgregor Blvd	12717 Mcgregor Blvd
Suite, Apt. #, etc. # 1	Suite, Apt. #, etc. # 1
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

05012007 Chg-P CR2E034 (12/06)

4. FEI Number 26-0013784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

MARTINI, DARREN J
2616 SW 46TH ST
CAPE CORAL, FL 33904

7. **Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTINI, DARREN 2616 SW 46 ST CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTINI, SUSAN 2616 SW 46 ST CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Darren Martin 4-30-07 2395749842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #