

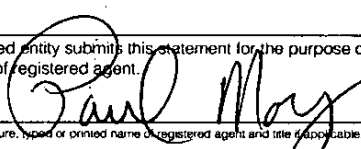
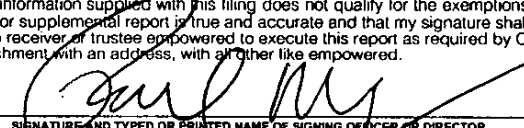


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90073 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000040882</b><br>1. Entity Name<br><b>SPECIALTY CONTRACTING &amp; RENOVATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |                                           |                                                                                                                                                                                                |                |  |
| Principal Place of Business<br><b>205 WHEELER STREET<br/>DELEON SPRINGS, FL 32130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                           | Mailing Address<br><b>POST OFFICE BOX 158<br/>DELEON SPRINGS, FL 32130</b>                                                                                                                     |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>425 E. NEW HAMPSHIRE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                                                                                                                |               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | Suite, Apt. #, etc.                       |                                                                                                                                                                                                | 0112008    Chg-P    CR2E034 (12/06)                                                             |  |
| City & State<br><b>DeLand, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  | City & State                              |                                                                                                                                                                                                | 4. FEI Number<br><b>04-3643255</b>                                                              |  |
| Zip<br><b>32724</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | Country<br><b>VOLUSIA</b>                 |                                                                                                                                                                                                | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOONEY, PAUL<br/>205 WHEELER STREET<br/>DELEON, FL 32130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>425 E. NEW HAMPSHIRE</b><br>City <b>DeLand</b> <b>FL</b> Zip Code <b>32724</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  (NOTE: Registered Agent signature required when reinstating)    DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                            |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>MOONEY, PAUL W<br>205 WHEELER STREET<br>DELEON SPRINGS, FL 32130                                                           | <input type="checkbox"/> Delete           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STD<br>MOONEY, STEFANIE L<br>205 WHEELER STREET<br>DELEON SPRINGS, FL 32130                                                      | <input type="checkbox"/> Delete           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>425 E. NEW HAMPSHIRE<br/>DeLand, FL 32724</b> |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>425 E. NEW HAMPSHIRE<br/>DeLand, FL 32724</b> |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |                                           |                                                                                                                                                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> 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:  Date <b>4/13/08</b> Daytime Phone # <b>386-804-4616</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |                                           |                                                                                                                                                                                                |                                                                                                 |  |