


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000062443 1. Entity Name YOUR-HANDYMAN, INC.	
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Principal Place of Business 7089-6 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233	Mailing Address 1314 NORTH 3RD STREET JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE



06282006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0716767	Applied For Not Applicable
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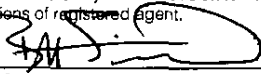
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FILTHAUT, BLAINE H
 342 9TH STREET
 ATLANTIC BEACH, FL 32233

DO NOT WRITE 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:  Blaine Filthaut DATE: Aug 28/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

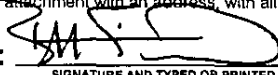
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT FILTHAUT, BLAINE H 342 9TH STREET ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS OMLOR, LEO 7926 PAINTED OAK DR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SITZ, MIKE 342 9TH STREET ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000575805
 08/31/06-80005-020 150.00

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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:  Blaine Filthaut DATE: Aug 28/06 904-242-3002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #