2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P02000097064 1. Entity Name TIM'S MOBILE HOME REPAIR INC Principal Place of Business Mailing Address 2105 LLOYD DR 2105 LLOYD DR RUSKIN, FL 33570 RUSKIN, FL 33570 CR2E034 (11/05) No Chg-P 04042006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3660529 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NELSON, TIM 2105 LLOYD DR RUSKIN, FL 33570 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NELSON, TIM NAME 2105 LLOYD DR STREET ADDRESS CRY-ST-ZIP RUSKIN, FL 33570 TITLE NAME STREET ADDRESS U00000540491 05/10/06-80019-016 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CMY-ST-ZIP

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 cath; 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.

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

> TIM NELSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-363-6787