2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105001

1021 N.W. 1ST STREET

FORT LAUDERDALE, FL 33311

Address: City-St-Zip: FILED Apr 18, 2007 Secretary of State

Entity Name: FLOOKER HOME IMPROVEMENT, INC. **Current Principal Place of Business: New Principal Place of Business:** 1021 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 1021 N.W. 1ST STREET FORT LAUDERDALE, FL 33311 FEI Number: 54-2081295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FLOOKER ADAMS FILINGS, INC 3732 N.W. 16TH STREET 1021 N.W. 1ST STREET FT. LAUDERDALE, FL 33311 US FT. LAUDERDALE, FL 333114132 US 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. SIGNATURE: FLOOKER ADAMS 04/18/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition FLOOKER HOME IMPROVE, MENT, INC. Name: Name: 1021 N.W. 1ST STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: VD Title: () Delete (X) Change () Addition Name: BROWN, FRANCES Name: BROWN, FRANCES 1021 N.W. 1ST STREET 1021 N.W. 1ST STREET Address: Address: FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 City-St-Zip: City-St-Zip: () Delete Title: Title: STD () Change () Addition ADAMS, FLOOKER T JR. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FLOOKER ADAMS PRES 04/18/2007