2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2004 8:00 am Secretary of State DOCUMENT # P02000107043 05-05-2004 90254 048 ***150.00 ALL IN ONE TOTAL PACKAGE REMODELING INC. Mailing Address Principal Place of Business 4431 BANNEKA STREET 4431 BANNEKA STREET ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 04132004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 75-3083448 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGEE, ANINA S Street Address (P.O. Box Number is Not Acceptable) 4431 BANNEKA ST ORLANDO, FL 32811 City Zip Code 8. The above named entity submits this statemen 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 registereti agent. SIGNATURE Signature, typed or printed name of reg (NOTE: R ered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAGEE, ALI R NAME 4431 BANNEKA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition LUIS, WILLIAM NAME 1479 ROSE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32839 CHTY-\$T-ZIP TITLE ☐ Delete ☐ Change Addition MAGEE, ANNA S NAME 4431 BANNEKA ST. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32811 CITY-ST-ZIP THUE ☐ Delete TITLE ☐ Change ☐ Addition NAME 10caCl NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME anneka st. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 attach SIGNATURE:

FILED