2005 FOR PROFIT CORPORATION

Apr 20, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000134542** 04-20-2005 90336 019 ***150.00 1. Entity Name RIC RAQ HOME IMPROVEMENTS, INC. Principal Place of Business Mailing Address 4010 W. LEMON ST. 4010 W. LEMON ST. 50040031 TAMPA, FL 33609 TAMPA, FL 33609 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>18-</u>1862757 Not Applicable 5. Gedificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent TESTA, PHILIP J SR DO NOT WRITE 4726-B N. LOIS AVE. TAMPA, FL FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MONGIOVI, RICHARD JR NAME 4010 W. LEMON ST. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED