

2006 FOR PROFIT CORPORATION ANNUAL REPORT


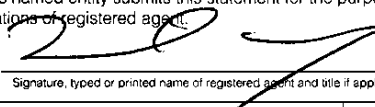
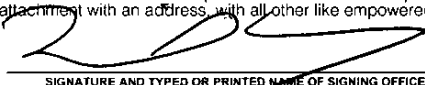
FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90395 046 ***150.00

40070400



04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000009068					
1. Entity Name RLW REMODELING, INC.					
Principal Place of Business 350 PLAZA ATLANTIC BEACH, FL 32233			Mailing Address 350 PLAZA ATLANTIC BEACH, FL 32233		
2. Principal Place of Business 370 Sargo Rd Suite, Apt. #, etc.		3. Mailing Address 370 Sargo Rd Suite, Apt. #, etc.			
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL		4. FEI Number 14-1866641	
Zip 32233		Country US		Applied For Not Applicable	
Zip 32233		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEHRLEY, RICHARD L 900 EAST COAST DRIVE ATLANTIC BEACH, FL 32233				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				370 Sargo Road	
				City Atlantic Beach, FL Zip Code 32233	
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: 4/27/06	
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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEHRLEY, RICHARD L	NAME	370 Sargo Road		
STREET ADDRESS	350 PLAZA	STREET ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		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 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: 				DATE: 4/27/06 Daytime Phone #: 904.881.9001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					