2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

DOCUMENT # P03000013875 FILED Aug 04, 2008 08:00 AM Secretary of State PREFERRED REMODELING SERVICES, INC. Principal Place of Business Mailing Address 9560 NW 9 COURT 9560 NW 9 COURT PLANTATION, FL 33324 PLANTATION, FL 33324 No Chg-P CR2E034 (11/05) 07292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0822502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BASILE, RICHARD A 9560 N W 9TH COURT PLANTATION, FL 33324 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. U00000956955 SIGNATURE 08/04/08-80069-006 150.00 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITI F NAME BASILE, RICHARD A STREET ADDRESS 9560 NW 9 COURT PLANTATION, FL 33324 CITY-ST-ZIP TITLE BASILE, DEBORAH A NAME STREET ADDRESS 9560 NW 9 COURT CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

OFFICER OR DIRECTOR

Daytime Phone #