

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2004 8:00 am
Secretary of State**

04-30-2004 90215 040 ***150.00

DOCUMENT # P03000020181		
1. Entity Name RENOVATIONS CONSULTING, INC.		

Principal Place of Business 1134 SW 28TH AVE. BOYNTON BCH, FL 33426	Mailing Address 1134 SW 28TH AVE. BOYNTON BCH, FL 33426
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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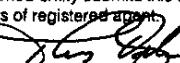
City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DONELON, THOMAS 660 VILLAGE BLVD., SUITE 335 W. PALM BCH, FL 33409 515 FLAGLER DR. N. STE. 300-P WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City
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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  THOMAS DONELON	4/20/04
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Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when relocating)
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DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1134 SW 28TH AVE. BOYNTON BCH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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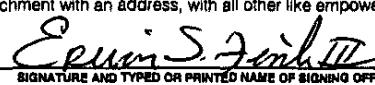
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

Daytime Phone #