2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022546

1. Entity Name
RENT A HUSBAND HANDYMAN SERVICES, INC.

Principal Place of Business	Mailing Address
13131 IXORA CT APT A-1 NORTH MIAMI, FL 33181	13131 IXORA CT APT A-1 NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

04202006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
56-2314055		Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GERMAN, MARIO D ESQ.
100 E SAMPLE RD STE 320
POMPANO BCH, FL 33064

DO NOT WRITE 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.
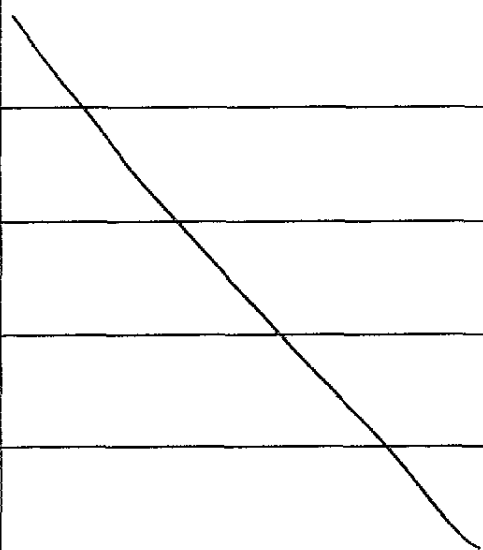
SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

|||00005321?? 05/06/06-80032-002 158.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MORIN, SONNY
STREET ADDRESS	13131 IXORA CT APT A-1
CITY-ST-ZIP	NORTH MIAMI, FL 33181

TITLE	
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CITY-ST-ZIP	

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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: _Morin_ SONNY MORIN   04.20.06   (786)223-3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #