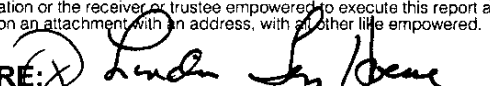


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90431 037 ***150.00

DOCUMENT # P03000029510					
1. Entity Name DOIN' IT RIGHT, INC.					
Principal Place of Business 8125 N. WELLINGTON TERRACE CITRUS SPRINGS, FL 34433			Mailing Address 8125 N. WELLINGTON TERRACE CITRUS SPRINGS, FL 34433		
2. Principal Place of Business 803 E Oak Drive CL			3. Mailing Address PO Box 479		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Holder, FL			City & State Holder, FL		
Zip 34445			Zip 34445		
Country			Country		
4. FEI Number 65-1187566					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TENHOEVE, LINDA 8125 N. WELLINGTON TERRACE CITRUS SPRINGS, FL 34433					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TENHOEVE III, MICHAEL ☐ Delete 8125 N. WELLINGTON TERR CITRUS SPRINGS, FL 34433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TENHOEVE JR, MICHAEL ☐ Delete 8125 N. WELLINGTON TERR CITRUS SPRINGS, FL 34433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TENHOEVE, HEATHER ☐ Delete 8125 N. WELLINGTON TERR CITRUS SPRINGS, FL 34433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-19-06 Daytime Phone #: 1-352-489-1255					