2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005
Secretary of State

DOCUMENT# P03000055533

Entity Name: DISASTER MASTER RESTORATIONS, INC.

Current Principal Place of Business:

3300 CORPORATE AVE., UNIT 114
WESTON, FL 33331

New Principal Place of Business:

1675 N COMMERCE PKWY
WESTON, FL 33326 US

Current Mailing Address:

3300 CORPORATE AVE., UNIT 114
WESTON, FL 33331

New Mailing Address:

1675 N COMMERCE PKWY
WESTON, FL 33326 US

FEI Number: 01-0782020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MCDONNELL, JAMES E
Address: 3300 CORPORATE AVE., UNIT 114
City-St-Zip: WESTON, FL 33331

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MCDONNELL, JAMES E
Address: 1675 N COMMERCE PKWY
City-St-Zip: WESTON, FL 33326 US

Title: VP ( ) Change (X) Addition
Name: LIPSCHUTZ, ALLEN
Address: 1675 N COMMERCE PKWY
City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MCDONNELL PST 09/09/2005

Electronic Signature of Signing Officer or Director — Date