

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90312 029 \*\*\*150.00

<b>DOCUMENT # P03000065732</b> 1. Entity Name <b>IMPERIAL HOME IMPROVEMENT INC.</b>					
Principal Place of Business <b>3360 NW 8TH COURT FT LAUDERDALE, FL 33311</b>			Mailing Address <b>3360 NW 8TH COURT FT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20 0028 207</b>	
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GRIFFIN, MISTI DAWN 3360 NW 8TH COURT FT LAUDERDALE, FL 33311</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>Misti Dawn Griffin</i></u> <span style="float: right;"><u><i>4/26/04</i></u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (If not, Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GRIFFIN, MISTI DAWN 3360 NW 8TH COURT FT LAUDERDALE, FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Misti Dawn Griffin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u><i>4/26/04</i></u> (754) 422-5557 <small>Daytime Phone #</small>		

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