2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095102 1. Entity Name			FILED	
CLARK HOME IMPROVEMENTS, INC.			3	- 16 AMII: 28
Principal Place of Business 70 WEST MITCHELL AVE. SANTA ROSA BEACH, FL 32459	Mailing Address 70 WEST MITCHELL AVE SANTA ROSA BEACH, FL			TARY UL STALL ASSEE.FLORIDA
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3080 Char	t Hally Rd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07162007 Chg-P	CR2E034 (12/06)
Santa Rosa Beach Fl.	Santa Rosa	beach, Fl	4. FEI Number . 61-1455458	Applied For Not Applicable
32 459 Country U.S.A.	Zip 32454	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CLARK, ROBERT 70 WEST MITCHELL AVE. SANTA ROSA BEACH, FL 32459 City 5			7. Name and Address of New Registered Agent Robert Cark Stress (P.O. Box Number is Not Agreptable) Robert Cark Stress (P.O. Box Number is Not Agreptable) Robert Cark Ro	
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				
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFF	
TITLE NAME CLARK, ROBERT ALAN STREET ADDRESS CITY-SI-ZIP SANTA ROSA BEACH, FL 3245	□ Delete	NAME &	Pobert Alan (lark 280 Chat Holly Rd. Inta Rosa Beach, Fl	Change Maddition
TITLE VP NAME BASSETT, JASON STREET ADDRESS P O BOX 5641 CITY-ST-ZIP DESTIN, FL 32541	[Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/16/0701029	☐ Change ☐ Addition ☐————————————————————————————————————
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 of suppliemental 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 trusted 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 impowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				