

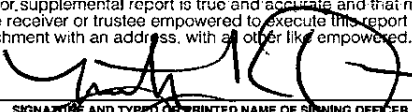
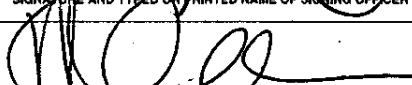


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000098894 1. Entity Name EXPERT REMODELING SERVICES, INC.						FILED 04 OCT 27 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12701 ASTON OAKS DRIVE FORT MYERS, FL 33912 US				Mailing Address 12701 ASTON OAKS FORT MYERS, FL 33912 US			
2. Principal Place of Business		3. Mailing Address 12701 Aston Oaks Drive					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Fort Myers FL					
Zip		Country		09132004 Chg-P CR2E034 (10/03)		4. FEI Number 81-0631148	
City & State		City & State Fort Myers FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
Zip		Country		33912 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, MICHAEL S 12701 ASTON OAKS DRIVE FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME DEAN, MICHAEL S STREET ADDRESS 12701 ASTON OAKS DRIVE CITY-ST-ZIP FORT MYERS, FL 33912				TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Debra Lynn Dean STREET ADDRESS 12701 Aston Oaks Drive CITY-ST-ZIP Fort Myers, FL 33912			
TITLE V <input checked="" type="checkbox"/> Delete NAME DEAN, TIMOTHY K STREET ADDRESS 12721 ASTON OAKS DRIVE CITY-ST-ZIP FORT MYERS, FL 33912				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 500042248825 STREET ADDRESS 10/27/04-01048-013 **70.00 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  Timothy Kelly Dean 9-16-04 410-742-1226 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							
 MICHAEL SEAN DEAN 10/24/04							