


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90227 032 \*\*\*150.00

<b>DOCUMENT # P03000113519</b> 1. Entity Name <b>STEVE THE HANDYMAN, INC.</b>																											
Principal Place of Business <b>1722 NW 35TH ST. OCALA, FL 34475</b>		Mailing Address <b>1722 NW 35TH ST. OCALA, FL 34475</b>																									
2. Principal Place of Business <b>4052 NE 18th terr.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>4052 NE 18th terr.</b> <small>Suite, Apt. #, etc.</small>																									
City & State <b>Ocala, FL</b> Zip <b>34479</b>		City & State <b>Ocala, FL</b> Zip <b>34479</b>																									
Country <b>Marion</b>		Country <b>Marion</b>																									
4. FEI Number <b>36-4541487</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>KOKAK, JEAN 5840 W. ANTHONY RD. OCALA, FL 34475</b>		7. Name and Address of New Registered Agent Name <b>Jean Kocak</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 SW 73rd St Rd</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34476</b>																									
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 <b>Jean Kocak</b> (NOTE: Registered Agent signature required when reappointing) DATE <b>4-22-06</b>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>P</b>  <b>KOKAK, STEVE</b> <input type="checkbox"/> Delete  <b>1722 NW 35TH ST.</b>  <b>OCALA, FL 34475</b> </td> </tr> <tr> <td> <b>V</b>  <b>KOKAK, JEAN</b> <input type="checkbox"/> Delete  <b>5840 W. ANTHONY RD.</b>  <b>OCALA, FL 34475</b> </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOKAK, STEVE</b> <input type="checkbox"/> Delete <b>1722 NW 35TH ST.</b> <b>OCALA, FL 34475</b>	<b>V</b> <b>KOKAK, JEAN</b> <input type="checkbox"/> Delete <b>5840 W. ANTHONY RD.</b> <b>OCALA, FL 34475</b>										11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Kocak, Steve</b>  <b>4052 NE 18th terrace</b>  <b>Ocala, FL 34479</b> </td> </tr> <tr> <td> <b>Vice President, Jean Kocak</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>800 SW 73rd St Rd</b>  <b>Ocala, FL 34476</b> </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kocak, Steve</b> <b>4052 NE 18th terrace</b> <b>Ocala, FL 34479</b>	<b>Vice President, Jean Kocak</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 SW 73rd St Rd</b> <b>Ocala, FL 34476</b>									
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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: <b>Steve Kocak</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-22-06</b> (352) 368-2944 <small>Daytime Phone #</small>																									