

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90397 010 \*\*\*150.00

<b>DOCUMENT # P03000116424</b> 1. Entity Name <b>BARRY WOLACH HOME IMPROVEMENTS, INC.</b>					
Principal Place of Business <b>300 NW 65TH TERRACE HOLLYWOOD, FL 33024</b>			Mailing Address <b>300 NW 65TH TERRACE HOLLYWOOD, FL 33024</b>		
2. Principal Place of Business <b>4200 Hillcrest Dr.</b> Suite, Apt. #, etc. <b>400</b> City & State <b>Hollywood, FL</b> Zip <b>33021</b>		3. Mailing Address <b>4200 Hillcrest Dr.</b> Suite, Apt. #, etc. <b>400</b> City & State <b>Hollywood, FL</b> Zip <b>33021</b>			
Country <b>USA</b>		Country <b>USA</b>		01172006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>51-0486640</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			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;"> <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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD <b>WOLACH, BARRY</b> <b>300 NW 65TH TERRACE</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4200 Hillcrest Dr. #400</b> <b>Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	STD <b>WOLACH, NANCY</b> <b>300 NW 65TH TERRACE</b> <b>HOLLYWOOD, FL 33024</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4200 Hillcrest Dr. #400</b> <b>Hollywood, FL 33021</b>
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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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>4/13/2006</b> <span style="float: right;">954-3948452</span> <small>Daytime Phone #</small>	