2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

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Entity Name: R&D MASTER HANDYMAN SERVICES, INC.

Current Principal Place of Business:

7934 ORTEGA BLUFF PARKWAY
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7934 ORTEGA BLUFF PARKWAY
JACKSONVILLE, FL 32244

New Mailing Address:

7960 AMANDAS CROSSING DR. W.
JACKSONVILLE, FL 32244

FEI Number: 20-0415968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAXTON, RICHARD L
7934 ORTEGA BLUFF PARKWAY
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CLAXTON, RICHARD L
Address: 7934 ORTEGA BLUFF PARKWAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: DT ( ) Delete
Name: CLAXTON, DEBORAH A
Address: 7934 ORTEGA BLUFF PARKWAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: DVP ( ) Delete
Name: HAND, DEREK T
Address: 7934 ORTEGA BLUFF PARKWAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: DS ( ) Delete
Name: GREEN, DAVID W
Address: 7934 ORTEGA BLUFF PARKWAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP ( ) Change (X) Addition
Name: HAND, DELL R
Address: 1251 PLYMOUTH PLACE
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L. CLAXTON DP 08/26/2008

Electronic Signature of Signing Officer or Director — Date