## 2007 FOR PROFIT CORPORATION:

## FILED Feb 26, 2007 08:00 Al Secretary of State

| ANNUAL REPORT   |   |  |                               |                                   | Conversion of C4                                 |  |  |
|---|---|--|-------------------------------|-----------------------------------|--|--|--|
| DOCUMENT # P03000125155  1. Entity Name AROUND THE CLOCK RESTORATION, IN  |   |  |                               |                                   |  | Secretary of St                            |  |
| Principal Place<br>2217 RIVER<br>DELAND, FL   | RIDGE ROAD  | ailing Address<br>2217 RIVER RIDGE ROAD<br>DELAND, FL 32720                      |                               | 1 (62)(10)                        | H  | TO SHORE HERE WHEN HERE THE REPORT OF 1811 |  |
| DO NOT WRITE IN THIS SPAC   |   |  |                               | 02062007<br>4. FEI Numb<br>20-036 | 02062007 No Chg-P CR2E034 (11/05)  4. FEi Number |  |  |
|   | 6. Name and Address of Current Regis  | stered Agent   | ]                             |                                   |  | Lea veduied                                |  |
| LAWRENCE, DAVID A<br>2217 RIVER RIDGE ROAD<br>DELAND, FL 32720  |   |  | DO NOT WRITE<br>IN THIS SPACE |                                   |  |  |  |
|   | named entity submits this statement for the tions of registered agent.  |  |                               |                                   | oth, in the State of Flo                         |  |  |
|   | E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00  | 9. Election Campaign Final Trust Fund Contribution.  9. Trust Fund Contribution. | ncing                         | \$5.00 May Be<br>Added to Fees    |  | DATE                                       |  |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE | OFFICERS AND DIRE PD LAWRENCE, DAVID A 2217 RIVER RIDGE ROAD DELAND, FL 32720 S LAWRENCE, DAWN 2217 RIVER RIDGE ROAD DELAND, FL 32720 | CTORS  |                               |                                   | NOT W<br>THIS SI                                 |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |                               |                                   |  |  |  |

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07 386-804-286-