


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2007 8:00 am**  
**Secretary of State**

06-01-2007 90002 009 \*\*\*550.00

<b>DOCUMENT # P03000125451</b> 1. Entity Name <b>ENCORE IMPROVEMENTS, INC.</b>	
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Principal Place of Business <b>1103 ROBIE AVE. MT. DORA, FL 32757</b>	Mailing Address <b>1103 ROBIE AVE. MT. DORA, FL 32757</b>
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**DO NOT WRITE IN THIS SPACE**



05072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>26-0073161</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

**EINARSSON, GARDAR  
1540 COBBLE LANE  
MT. DORA, FL 32757**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P EINARSSON, GARDAR 1540 COBBLE LANE MT. DORA, FL 32757</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:**  **GARDAR EINARSSON** **052807** **3524089787**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #