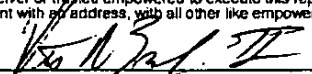


2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 07, 2008 8:00 am
Secretary of State

2/

02-06-2008 90024 028 ***150.00

DOCUMENT # P03000132977			
1. Entity Name DIY ENTERPRISES, INC.			
Principal Place of Business 1439 NOLAND ROAD Nolan MIDDLEBURG, FL 32068		Mailing Address 1439 NOLAND ROAD Nolan MIDDLEBURG, FL 32068	
2. Principal Place of Business - No P.O. Box # 1439 Nolan Rd		3. Mailing Address 1439 Nolan Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Middleburg FL		City & State Middleburg FL	
Zip 32068 Country U.S.A.		Zip 32068 Country U.S.A.	
4. FEI Number 05-0591317		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENE E. TILLEY, CPA 1406 BAYMEADOWS RD., STE. 3 JACKSONVILLE, FL 32217 VICTOR R Zeigler 1439 Nolan Rd Middleburg Florida 32068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEIGLER, VICTOR R II 1439 NOLAND ROAD MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 supplementary 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: 		1-8-08 904-272-0032	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66002882



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