2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE;

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P03000155788 1. Entity Name 04-05-2006 90146 002 ***158.75 THE TRIM GUYS OF FLORIDA ENTERPRISES, INC. Mailing Address Principal Place of Business 7755 INDIAN RIDGE TR. N. KISSIMMEE FL 34747 7755 INDIAN RIDGE TR. N. KISSIMMEE FL 34747 2. Principal Place of Business 3. Mailing Address 8424 Sweet water Trai 8424 Sweetwater Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 20-0487330 i ssimme e Not Applicable Kissimmee Country Zip \$8.75 Additional 5. Certificate of Status Desired 0<u>s ceo</u> Sceola Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable). PHILLIPS, DAVID 7755 INDIAN RIDGE TR. N. weet water KISSIMMEE FL 34747 SISSIMMee 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, 2006 Fee Will Be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Phillips, David 8424 Sweetwater Trail PHILLIPS, DAVID NAME NAME address STREET ADDRESS 7755 INDIAN RIDGE TR. N. STREET ADDRESS enly CITY-ST-ZIP KISSIMMEE FL 34747 CITY-ST-ZIP KISSIMMEE, FL 34747 VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition PHILLIPS, SHAWN STREET ADDRESS 8424 SWEETWATER TRAIL STREET ADDRESS CITY-SI-ZIP KISSIMMEE FL 34747 CITY-ST-ZIP TATLE Delete TITE F Change X Addition NAME NAME Phillips-Heidi STREET ADDRESS STREET ADDRESS 8424 Sweetwater Trail CITY-ST-ZIP CITY-ST-7IP Kissimmee, FL 34747 ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED