

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 008 ***158.75

DOCUMENT # P03000156463 1. Entity Name INNOVATIVE HOME INVESTORS, INC.					
Principal Place of Business 13311 WINDING OAK CT STE C TAMPA, FL 33612			Mailing Address P O BOX 280031 TAMPA, FL 33682		
2. Principal Place of Business - No P.O. Box # 13650 N 12th St.		3. Mailing Address Suite, Apt. #, etc. Ste C			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-0531421	
Zip 33613		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVER, JAY 13311 WINDING OAK CT, STE C TAMPA, FL 33612				7. Name and Address of New Registered Agent Name Silver, Jay Street Address (P.O. Box Number is Not Acceptable) 13650 N. 12th St. Ste C City Tampa FL Zip Code 33613	
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  Jay Silver - PD DATE 3-29-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SILVER, JAY 13311 WINDING OAK CT STE C TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Silver, Jay 13650 N. 12th St Ste C Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Jay Silver <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-29-07 813-319-5442 <small>Date Daytime Phone #</small>		