


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90051 043 \*\*\*158.75

DOCUMENT # P04000007266		
1. Entity Name SUNDANCE HOME IMPROVEMENT, INC.		

Principal Place of Business P.O. 658 SARASOTA, FL 34230	Mailing Address P.O. 658 SARASOTA, FL 34230
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2. Principal Place of Business 3425 Fenway Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 658 Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota
Zip 34232	Zip 34230
Country Sarasota	Country Sarasota

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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01102005 Chg-P CR2E034 (10/03)

4. FEI Number 56-2421398	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name: Joseph C. Madison Street Address (P.O. Box Number is Not Acceptable): 3425 Fenway Dr. City: Sarasota FL Zip Code: 34232	
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: Joseph C. Madison DATE: 2-1-05 (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MADISON, JOSEPH 2047 CIESTA SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Joseph C. Madison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3425 Fenway Dr. Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CHEAK, ANTHONY 2047 CIESTA SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Anthony Cheak <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6153 Misty Oaks Ct. Sarasota, FL 34243
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
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
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
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 exemption stated in Section 119.07(3)(i), 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: Joseph C. Madison SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/31/05 (941) 416-2049 Date Daytime Phone #