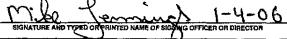
2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 09, 2006 08:00 AM Secretary of State DOCUMENT # P04000009248 UNLIMITED IMPROVEMENTS, INC. Principal Place of Business Mailing Address 1178 VILLAGE FOREST PLACE 1178 VILLAGE FOREST PLACE WINTER PARK, FL 32792 US WINTER PARK, FL 32792 US CR2E034 (11/05) 01042006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2428483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENNINGS, MICHAEL D DO NOT WRITE 1178 VILLAGE FOREST PLACE WINTER PARK, FL 32792 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. **\-4-0**6 Signature, typed or pri nd title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME JENNINGS, MICHAEL D UNDINO03808041 STREET ADDRESS 1178 VILLAGE FOREST PLACE 01/11/06-80027-020 158.75 CITY-ST-ZIP WINTER PARK, FL 32792 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIRE

12. I hereby certify that the information supplied with this filling 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 cath; 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	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



Date