

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90431 014 \*\*\*150.00

<b>DOCUMENT # P04000018230</b> 1. Entity Name <b>TED'S REMODELING INC.</b>			
Principal Place of Business <b>12660 EQUESTRIAN CIR #2102 FORT MYERS, FL 33907</b>		Mailing Address <b>12660 EQUESTRIAN CIR #2102 FORT MYERS, FL 33907</b>	
2. Principal Place of Business - No P.O. Box # <b>6724 Fairview St.</b>		3. Mailing Address <b>6724 Fairview St.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>FORT MYERS, FLORIDA</b>		City & State <b>FORT MYERS, FLORIDA</b>	
Zip <b>FL 33966</b>		Zip <b>FL 33966</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0644390</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SKIPIRZEPA, MONIKA 12660 EQUESTRIAN CIR. #2102 FORT MYERS, FL 33907</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>TADEUSZ MIKA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6724 FAIRVIEW ST.</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33966</b>	
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: <i>Tadeusz Mika</i> <b>TADEUSZ MIKA</b> <b>04/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>MIKA, TADEUSZ</b> STREET ADDRESS <b>12660 EQUESTRIAN CIR. #2102</b> CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>TADEUSZ MIKA</b> STREET ADDRESS <b>6724 FAIRVIEW ST.</b> CITY-ST-ZIP <b>FORT MYERS, FL 33966</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>SKIPIRZEPA, MONIKA</b> STREET ADDRESS <b>12660 EQUESTRIAN CIR. APT 2102</b> CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>MONIKA SKIPIRZEPA</b> STREET ADDRESS <b>6724 FAIRVIEW ST.</b> CITY-ST-ZIP <b>FORT MYERS, FL 33966</b>	<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
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 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: <i>Tadeusz Mika</i> <b>TADEUSZ MIKA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>PRES.</b> <b>3/06/07</b> <b>239-645-0897</b> <small>Date Daytime Phone #</small>	