## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2007 08:00 All Secretary of State DOCUMENT # P04000037247 AFFORDABLE HOME IMPROVEMENTS BY BILL TEPPNER, INC. Principal Place of Business Mailing Address **5840 RED FOX DRIVE** 5840 RED FOX DRIVE WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 04032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0235040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TEPPNER, WILLIAM W DO NOT WRITE 5840 RED FOX DRIVE WINTER HAVEN, FL 33884 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. . Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TEPPNER, WILLIAM W NAME STREET ADDRESS 5840 RED FOX DRIVE WINTER HAVEN, FL. 33884 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 000000710876 STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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: BULLIAND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

NAME STREET ADDRESS

4/12/07 863 318 8430

FILED