


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90030 050 \*\*\*558.75

<b>DOCUMENT # P04000053420</b>						
1. Entity Name <b>METRO HOME IMPROVEMENTS, INC.</b>						
Principal Place of Business 2701 STEFANI ROAD #1 CANTONMENT, FL 32533			Mailing Address 2701 STEFANI ROAD #1 CANTONMENT, FL 32533			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
			07232006	Chg-P	CR2E034 (11/05)	
4. FEI Number <b>20-0913029</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>		
<b>BAKER, JAMES O</b> 2701 STEFANI ROAD #1 CANTONMENT, FL 32533				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				<b>FL</b>	Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAKER, JAMES O		NAME			
STREET ADDRESS	2701 #1 STEFANI ROAD		STREET ADDRESS			
CITY - ST - ZIP	CANTONMENT, FL 32533		CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOX, WAYNE E		NAME			
STREET ADDRESS	2701 #1 STEFANI ROAD		STREET ADDRESS			
CITY - ST - ZIP	CANTONMENT, FL 32533		CITY - ST - ZIP			
TITLE	SECT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, GREG		NAME			
STREET ADDRESS	2001 W. 9 MILE ROAD		STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA, FL 32534		CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
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: _____			7-26-06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	