## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 21, 2005 8:00 am Secretary of State DOCUMENT # P04000067998 BIZ IMPROV. INC. 07-21-2005 90031 004 \*\*\*150.00 Principal Place of Business Mailing Address 9711 PARKWOOD COURT 9711 PARKWOOD COURT SEMINOLE, FL 33777 SEMINOLE, FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 50866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYMAN, KAREN S 9711 PARKWOOD COURT Street Address (P.O. Box Number is Not Acceptable) SEMINOLE, FL 33777 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or istered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent si e required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ΠP ☐ Delete TITLE ☐ Change ☐ Addition HYMAN, KAREN S NAME NAME STREET ADDRESS 9711 PARKWOOD COURT STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33777 CITY-ST-ZIP DT TITLE ☐ Delete TITLE ☐ Change ☐ Addition YAKUBOVIC, JOHN NAME NAME 2407 RICHELIEU LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BIRMINGHAM, AL 35216 CITY-ST-7IP DS TITLE Delete MLE Change ☐ Addition YAKUBOVIC, DOROTHY NAME NAME 2407 RICHELIEU LANE STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35216 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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.

FILED