

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067998

Entity Name: BIZ IMPROV, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

9711 PARKWOOD COURT
SEMINOLE, FL 33777

New Principal Place of Business:

10115 130TH LANE NORTH
SEMINOLE, FL 33776

Current Mailing Address:

9711 PARKWOOD COURT
SEMINOLE, FL 33777

New Mailing Address:

10115 130TH LANE NORTH
SEMINOLE, FL 33776

FEI Number: 55-0866790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, KAREN S
9711 PARKWOOD COURT
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

HYMAN, KAREN S
10115 130TH LANE NORTH
SEMINOLE, FL 33776 US

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.

SIGNATURE: KAREN HYMAN

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HYMAN, KAREN S
Address: 9711 PARKWOOD COURT
City-St-Zip: SEMINOLE, FL 33777

Title: DT () Delete
Name: YAKUBOVIC, JOHN
Address: 2407 RICHELIEU LANE
City-St-Zip: BIRMINGHAM, AL 35216

Title: DS () Delete
Name: YAKUBOVIC, DOROTHY
Address: 2407 RICHELIEU LANE
City-St-Zip: BIRMINGHAM, AL 35216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HYMAN, KAREN S
Address: 10115 130TH LANE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HYMAN

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date