2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# P04000079287

Entity Name: KEITH ARMONDI COMPLETE HOME REPAIR, INC.

Current Principal Place of Business:

1829 HOWELL WILLIAMS RD.
BONIFAY, FL 32425 US

New Principal Place of Business:

Current Mailing Address:

1829 HOWELL WILLIAMS RD.
BONIFAY, FL 32425 US

New Mailing Address:

FEI Number: 43-2051362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMONDI, STEWART K
1593 DEER CREEK ROAD
OSTEEN, FL 32764 US

Name and Address of New Registered Agent:

ARMONDI, STEWART K
1829 HOWELL WILLIAMS RD.
BONIFAY, FL 32425 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: 01/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARMONDI, STEWART K
Address: 1593 DEER CREEK ROAD
City-St-Zip: OSTEEN, FL 32764 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARMONDI, STEWART K
Address: 1829 HOWELL WILLIAMS RD
City-St-Zip: BONIFAY, FL 32425 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEWART KEITH ARMONDI P 01/17/2006
Electronic Signature of Signing Officer or Director — Date