2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007
Secretary of State

DOCUMENT# P04000107072

Entity Name: C & F HOME IMPROVEMENTS, INC.

Current Principal Place of Business:

12201-12249 NW 35TH STREET BAY 527
CORAL SPRINGS, FL 33065

New Principal Place of Business:

6590 ALTURA PL.
BOCA RATON, FL 33433

Current Mailing Address:

12201-12249 NW 35TH STREET BAY 527
CORAL SPRINGS, FL 33065

New Mailing Address:

6590 ALTURA PL.
BOCA RATON, FL 33433

FEI Number: 65-1230280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLUKE, ADAM
6590 ALTURA PL.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FLUKE, ADAM
Address: 12201-12249 NW 35TH STREET BAY 527
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD (X) Delete
Name: CYR, ISABELLE
Address: 12201-12249 NW 35TH STREET BAY 527
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FLUKE, ADAM
Address: 6590 ATURA PL.
City-St-Zip: BOCA RATON, FL 33433

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: ADAM FLUKE DP 06/13/2007

Electronic Signature of Signing Officer or Director — Date