


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90058 029 \*\*\*150.00

<b>DOCUMENT # P04000126709</b> 1. Entity Name <b>QUALITY HOME REPAIRS AND IMPROVEMENTS INC.</b>					
Principal Place of Business <b>2245 SANDY LANE DRIVE APOPKA, FL 32703</b>			Mailing Address <b>2245 SANDY LANE DRIVE APOPKA, FL 32703</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. BOX 849</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>CLARCONA, FL</b>		4. FEI Number <b>35-2237504</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32710</b>		Country		05182007 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>MICHEL, MELISSA 2245 SANDY LANE DRIVE APOPKA, FL 32703</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHEL, MELISSA 2245 SANDY LANE DRIVE APOPKA, FL 32703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPENCER, CHRISTOPHER L 2245 SANDY LANE DRIVE APOPKA, FL 32703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Melissa Michel</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>5-18-07</i> Daytime Phone #: <i>321-231-4626</i>		