2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Feb 07, 2007 08:00 AM Secretary of State **DOCUMENT # P04000135113** JOHN KALT HOME IMPROVEMENTS, INC. Principal Place of Business Mailing Address 1519 E JEAN STREET 1519 E JEAN STREET TAMPA, FL 33610 TAMPA, FL 33610 CR2E034 (11/05) No Chg-P 01192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1212380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KALT, JOHN DO NOT WRITE 1519 E JEAN STREET TAMPA, FL 33610 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE NAME KALT, JOHN STREET ADDRESS 1519 E JEAN STREET U00000624643 02/14/07-80042-018 150.00 CITY-ST-ZIP TAMPA, FL 33610 TITLE STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 ithall other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP TIT1 F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

INTED NAME OF SIGNING OFFICER OR DIRECTOR