2007 FOR PROFIT CORPORATION ANNUAL REPORT.

Mar 12, 2007 08:00 AM DOCUMENT # P04000141270 **Secretary of State** 1. Entity Name VICTOR RIVERA HOME IMPROVEMENT, INC. Principal Place of Business Mailing Address 2944 GASLIGHT DRIVE 2944 GASLIGHT DRIVE SOUTH DAYTONA, FL 32119 SOUTH DAYTONA, FL 32119 03062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-1737543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVERA, VICTOR DO NOT WRITE 2944 GASLIGHT DRIVE SOUTH DAYTONA, FL 32119 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE am for many confidence RIVERA, VICTOR NAME STREET ADDRESS 2944 GASLIGHT DRIVE U00000662886 03/21/07_80031-007 150.00 CITY-ST-ZIP SOUTH DAYTONA, FL 32119 TITLE Sign of the state of NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of 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 point like empowered.

SIGNATURE:

NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Daytime Phone #

FILED