2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P04000142384 FILED 1. Entity Name FIRST IMPRESSIONS HANDY MAN SERVICES INC 2008 MAY -9 AM 8: 23 SEULL MILL OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2315 LOWSON BLVD 13900 JOG ROAD SUITE 203 - 131 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33446 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1747886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FURINO, FRANK DO NOT WRITE 2315 LOWSON BLVD #B IN THIS SPACE DELRAY BEACH, FL 33445 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FURINO, FRANK 2315 LOWSON BLVD # B STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 100130173391 05/23/08--01014--006 **158.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusted 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

Daytime Phone

April 15, 2008

Hi. In error I made a check out for \$158.00 rather than \$150.00. I do not need certificate of status. Please refund the \$8.00 to Frank Furino and mail all documents to

Frank Furino 13900 Jog Road Suite 203-131 Delray Beach, FL 33446

Thank you kindly,

Frank Furino