2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150822

Entity Name: RODDY RESTORATION INC

FILED May 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1234 WHITE OAK CIRCLE 1312 BERRI PATCH PLACE MELBOURNE, FL 32934

MELBOURNE, FL 32935

Current Mailing Address: New Mailing Address:

9213 EASTPORT TERRACE 1312 BERRI PATCH PLACE ORLANDO, FL 32817

MELBOURNE, FL 32935

FEI Number: 20-1551848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HODGES, STEVEN R HODGES, STEVEN R 1234 WHITE OAK CIRCLE 1312 BERRI PATCH PLACE MELBOURNE, FL 32934 US MELBOURNE, FL 32935 US

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: STEVEN R. HODGES 05/11/2005

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HODGES, STEVEN R HODGES, STEVEN R Name: Name: 1234 WHITE OAK CIRCLE 260 ALBATROSS AVE. Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: SATELLITE BEACH, FL 32937

Title: Title: (X) Change () Addition () Delete Name: Name: FOWLER, SHERI L

FOWLER, SHERI L 9213 EASTPORT TERRACE 260 ALBATROSS AVE Address: Address: ORLANDO, FL 32817 MELBOURNE, FL 32937 City-St-Zip: City-St-Zip:

Title: CEO Title: (X) Delete () Change () Addition

RODDY, STEPHEN W Name: Name: 9213 EASTPORT TERRACE Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN R. HODGES **PRES** 05/11/2005