
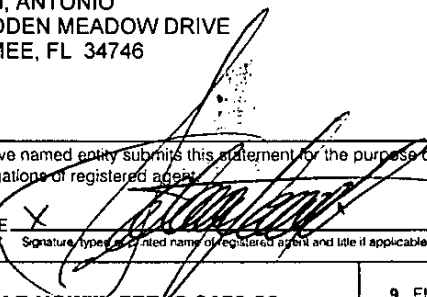
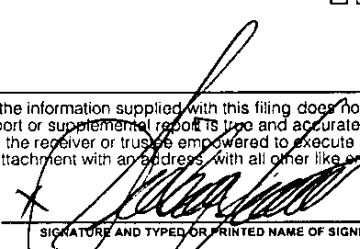


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90208 002 \*\*\*150.00

DOCUMENT # P04000157545					
1. Entity Name BERAUN HOME IMPROVEMENT, INC.					
Principal Place of Business 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746		Mailing Address 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746			
2. Principal Place of Business 4832 CUMBRIAN LAKES DR.		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE, FL 34746		City & State SAME		4. FEI Number 20-1901189	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERAUN, ANTONIO 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name: ANTONIO BERAUN Street Address (P.O. Box Number is Not Acceptable): 4832 CUMBRIAN LAKES DR. City: KISSIMMEE FL Zip Code: 34746		
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 <input checked="" type="checkbox"/> 		Signature (typed or printed name of registered agent and title if applicable)		DATE	
<b>FILE NOW!!! FEES \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERAUN, ANTONIO 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4832 CUMBRIAN LAKES DR. KISSIMMEE, FL 34746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BERAUN, NUBIA 4400 HIDDEN MEADOW DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4832 CUMBRIAN LAKES DR. KISSIMMEE, FL 34746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 reports 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/17/06	
				Daytime Phone #	