

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000161829

Entity Name: UPRIGHT RENOVATION, INC.

FILED
Jul 05, 2005
Secretary of State

Current Principal Place of Business:

896 RICH DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

896 RICH DRIVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 74-3135685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRESSLER, STEPHEN E MR.
896 RICH DRIVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,VP () Delete
Name: TRESSLER, AMY E MRS.
Address: 896 RICH DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: D,P () Delete
Name: TRESSLER, STEPHEN E MR.
Address: 896 RICH DRIVE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: TRESSLER, STEPHEN E MR.
Address: 896 RICH DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: V (X) Change () Addition
Name: BOND, RICHARD C MR.
Address: 375 BRUSHWOOD LN.
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: STEPHEN E TRESSLER

D,P

07/05/2005

Electronic Signature of Signing Officer or Director

Date