2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000004609

1. Entity Name
IMAGE RENOVATIONS OF TAMPA, INC.

Principal Place of Business	Mailing Address
5908 N TAMPA ST TAMPA, FL 33604	5908 N TAMPA ST TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

03232007   No Chg-P   CR2E034 (11/05)

4. FEI Number 01-0826530	Applied For Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DANIEL B
5908 N TAMPA ST
TAMPA, FL 33604

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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 _DANIEL B. ROBINSON_   _Daniel B Robinson_ ,   4/11/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing   ☐ $5.00 May Be
Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, DANIEL B
STREET ADDRESS	5908 N TAMPA ST
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	WALLACE, LAURETTE
STREET ADDRESS	5908 N TAMPA ST
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80025-020 158.75

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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 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: _Daniel B. Robinson_   DANIEL B. ROBINSON   4/11/07   (813) 924 1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #