


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90030 016 ***150.00

DOCUMENT # P05000013466 1. Entity Name SCHRADER HOME IMPROVEMENT SPECIALISTS, INC.	
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Principal Place of Business 357 6TH AVE. W. BRADENTON, FL 34205	Mailing Address 357 6TH AVE. W. BRADENTON, FL 34205
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2. Principal Place of Business	3. Mailing Address 616 Fontana Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Bradenton FL
Zip	Country
Country	Zip 34209



07062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**SCHRADER, SCOTT E.
357 6TH AVE. W.
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	SCHRADER, SCOTT E.	NAME	
STREET ADDRESS	616 FONTANA LANE	STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34209	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<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 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:  **July 8, 06 949762 5801**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #