

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-06-2006 90017 014 ***150.00

DOCUMENT # P05000031649 1. Entity Name REMODELEX, INC.																															
Principal Place of Business 14580 CAMBERWELL LN N JACKSONVILLE FL 32258			Mailing Address 14580 CAMBERWELL LN N JACKSONVILLE FL 32258																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																												
City & State			City & State																												
Zip		Country		Zip																											
Country		Country		4. FEI Number 20-2444180																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY FL 32351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																												
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> </div>																															
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>P</td> <td>LEVAKIN, VADIM</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>14580 CAMBERWELL LN N</td> <td></td> </tr> <tr> <td></td> <td></td> <td>JACKSONVILLE FL 32258</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 10%; text-align: right;">Change</td> <td style="width: 10%; text-align: right;">Addition</td> </tr> <tr> <td></td> <td>betkemann, Vadim</td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	Delete		P	LEVAKIN, VADIM	<input type="checkbox"/>			14580 CAMBERWELL LN N				JACKSONVILLE FL 32258		TITLE	NAME	STREET ADDRESS	Change	Addition		betkemann, Vadim		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>V. Levakin</i> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 60%;"> 8-22-06 800-710-3942 <small>Date Daytime Phone #</small> </div> </div>																															



ATTACHMENT

66005951

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

REMODELEX, INC.
14580 CAMBERWELL LN N
JACKSONVILLE, FL 32258

Subject: REMODELEX, INC.

Reference Number: P05000031649

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

- correct on
made
on 3.14.06
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After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION