

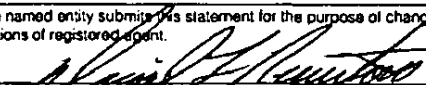
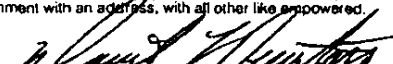


FILED  
Mar 13, 2006 8:00 am  
Secretary of State

02-20-2006 90048 013 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P05000056888</b>			
1. Entity Name INVESTOR'S BUILDING & REMODEL, INC.			
Principal Place of Business 2127 SW 14TH PLACE CAPE CORAL, FL 33991		Mailing Address 2127 SW 14TH PLACE CAPE CORAL, FL 33991	
2. Principal Place of Business 15105 MILAGROSA DR. Suite, Apt. #, etc. # 203 City & State FORT MYERS, FL Zip 33908 Country USA		3. Mailing Address 15105 MILAGROSA DR. Suite, Apt. #, etc. # 203 City & State FORT MYERS, FL Zip 33908 Country USA	
02022006 Chg-P CR2E034 (11/05)			
4. FEI Number 371508203		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 NEWTON, DAVID L 2127 SW 14TH PLACE CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name DAVID L. NEWTON Street Address (P.O. Box Number is Not Acceptable) 15105 MILAGROSA DR. # 203 City FORT MYERS FL Zip Code 33908	
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 		DATE 2-6-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 PST NEWTON, DAVID L 2127 SW 14TH PLACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PT NEWTON, DAVID L 15105 MILAGROSA DR # 203 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V PIWOWARSKI, RAYMOND A 2127 SW 14TH PLACE CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP James J. Fletcher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2115 SW 41st Street Cape Coral FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LOZEAU, LARRY 2127 SW 14TH PLACE CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP S Tracy Amber Fletcher <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2115 SW 41st Street Cape Coral FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GILBERT, JARRETT 2127 SW 14TH PLACE CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: 		DATE 2-6-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT  
ATTACHMENT  
66004594

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

INVESTOR'S BUILDING & REMODEL, INC.  
15105 MILAGROSA DR  
# 203  
FORT MYERS, FL 33908

Subject: ~~INVESTOR'S BUILDING & REMODEL, INC.~~

Reference Number: **P05000056888**

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.

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.

/RM  
ANNUAL REPORTS SECTION