

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058513

FILED
Jun 30, 2007
Secretary of State

Entity Name: RENOVATION SOLUTIONS, INC.

Current Principal Place of Business:

1500 W CYPRESS CREEK ROAD
303
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1500 W CYPRESS CREEK ROAD
303
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-2714955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSTRZENSKI, BARTOSZ A ESQ
1500 W CYPRESS CREEK ROAD
305
FORT LAUDERDALE, FL 33433 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KING, CLIFF
Address: 1500 W CYPRESS CREEK ROAD, SUITE 303
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DP () Delete
Name: KING, CONNIE
Address: 1500 W CYPRESS CREEK ROAD, SUITE 303
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DS () Delete
Name: SPRINGSTON, MARC
Address: 1500 W CYPRESS CREEK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLIFF KING

DVP

06/30/2007

Electronic Signature of Signing Officer or Director

Date