

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2006  
Secretary of State**

DOCUMENT# P05000062303

Entity Name: THE INFANTE'S HANDYMAN SERVICES, INC.

**Current Principal Place of Business:**

1077 CASCADE WAY  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1077 CASCADE WAY  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 20-2776403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INFANTE, ROBERTO  
1077 CASCADE WAY  
APOPKA, FL 32703 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: INFANTE, ROBERTO  
Address: 1077 CASCADE WAY  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: INFANTE, ASTERIO  
Address: 1077 CASCADE WAY  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ASTERIO INFANTE

VP

04/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date