

# 2006 FOR PROXY ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90155 023 \*\*\*150.00

**DOCUMENT # P05000074034**

1. Entity Name  
**DESIGNER HOME MAKEOVERS, INC.**

Principal Place of Business  
**641 49TH ST N**  
**ST PETERSBURG, FL 33710**

Mailing Address  
**641 49TH ST N**  
**ST PETERSBURG, FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006

Chg-P

CR2E034 (11/05)

4. FEI Number

**27-0123923**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, ANN DE WEES**  
**641 49TH ST N**  
**ST PETERSBURG, FL 33710**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$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-STATE-ZIP  
**PVP**  
**ALLEN, ANN DE WEES**  
**641 49TH ST N**  
**ST PETERSBURG, FL 33710** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
**S/T**  
**FRIEDMAN, JEFFREY**  
**641 49TH ST N**  
**ST PETERSBURG, FL 33710** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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 CITY-STATE-ZIP  
☐ Delete

TITLE  
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 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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TITLE  
 NAME  
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 CITY-STATE-ZIP  
☐ Change ☐ 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 reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #