

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000075152

Entity Name: SOUTH LAKE RENOVATIONS, INC.

FILED  
Dec 13, 2006  
Secretary of State

## Current Principal Place of Business:

83 GENEVA ST.  
OCOE, FL 34761 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 784617  
WINTER GARDEN, FL 347784617 US

## New Mailing Address:

FEI Number: 20-2962102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, TRACY A  
3283 PARK BRANCH AVE.  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

FABER, ALAN M  
27723 LISA DRIVE  
TAVARES, FL 32778 US

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: ALAN FABER

12/13/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, TRACY A  
Address: 3283 PARK BRANCH AVE.  
City-St-Zip: CLERMONT, FL 34711 US

Title: S ( ) Delete  
Name: SMITH, TRACY A  
Address: 3283 PARK BRANCH AVE.  
City-St-Zip: CLERMONT, FL 34711 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FABER, ALAN M  
Address: 27723 LISA DRIVE  
City-St-Zip: TAVARES, FL 32778 US

Title: VP (X) Change ( ) Addition  
Name: FABER, ALAN M  
Address: 27723 LISA DRIVE  
City-St-Zip: TAVARES, FL 32778 US

Title: S ( ) Change (X) Addition  
Name: FABER, ALAN M  
Address: 27723 LISA DRIVE  
City-St-Zip: TAVARES, FL 32778 US

Title: T ( ) Change (X) Addition  
Name: FABER, ALAN M  
Address: 27723 LISA DRIVE  
City-St-Zip: TAVARES, FL 32778 US

Title: D ( ) Change (X) Addition  
Name: FABER, ALAN M  
Address: 27723 LISA DRIVE  
City-St-Zip: TAVARES, FL 32778 US

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: ALAN FABER

P

12/13/2006

Electronic Signature of Signing Officer or Director

Date