


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90116 010 ***150.00

DOCUMENT # P05000077250 1. Entity Name A TO Z CONSTRUCTION & RENOVATIONS, CORP.			
Principal Place of Business 2718 CHATAM CIRCLE KISSIMMEE, FL 34746		Mailing Address 2718 CHATAM CIRCLE KISSIMMEE, FL 34746	
2. Principal Place of Business 2718 Chatham Cir Suite, Apt. #, etc.		3. Mailing Address 2718 Chatham Circle Suite, Apt. #, etc.	
City & State Kissimmee, FL Zip 34746		City & State Kissimmee, FL Zip 34746	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-2919121		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, MOHAMMED S 2718 CHATAM CIRCLE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name MOHAMMED SHAH - 4-19-06- Street Address (P.O. Box Number is Not Acceptable) 2718 Chatham Circle City Kissimmee	
State FL		Zip Code 34746	
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 <u><i>Mohammed S. Shah</i></u> DATE <u>04/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 P,VP	NAME SHAH, MOHAMMED S	<input type="checkbox"/> Delete	
STREET ADDRESS 2718 CHATAM CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL 34746	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<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: <u><i>Mohammed S. Shah</i></u>		Date <u>04/12/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	