2007 FOR PROFIT CORPORATION

FILED . ANNUAL REPORT Apr 23, 2007 08:00 AM DOCUMENT # P05000092200 **Secretary of State** JOHN PREBLE'S LET'S FIX IT INC Principal Place of Business Mailing Address 201SEAMIST CT 201SEAMIST CT PONTE VEDRA BCH, FL 32082 PONTE VEDRA BCH, FL 32082 CR2E034 (11/05) 03052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-3069326 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PREBLE, JOHN DO NOT WRITE 201 SEAMIST CT PONTE VEDRA BCH, FL 32082 IN THIS SPACE 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 reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PREBLE, JOHN NAME STREET ADDRESS 201 SEAMIST CT CITY-ST-ZIP PONTE VEDRA BCH, FL 32082 U00000723431 05/02/07-00071-006 150.00 TITLE MALIF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 trystee 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS