


FILED
Feb 27, 2006 8:00 am
Secretary of State

01-26-2006 90036 002 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000092458					
1. Entity Name EAST COAST HOME IMPROVEMENTS, INC.					
Principal Place of Business 766 TARRY TOWN TRAIL PORT ORANGE, FL 32127 US			Mailing Address 766 TARRY TOWN TRAIL PORT ORANGE, FL 32127 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 41-2184026			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 KOURY, JILL A 766 TARRY TOWN TRAIL PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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.			DATE		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOURY, EDWARD G		NAME		
STREET ADDRESS	766 TARRY TOWN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOURY, JILL A		NAME		
STREET ADDRESS	766 TARRY TOWN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOURY, EDWARD G		NAME		
STREET ADDRESS	766 TARRY TOWN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOURY, JILL A		NAME		
STREET ADDRESS	766 TARRY TOWN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Jill Koury</u>			Date: <u>1/20/06</u> 386-322-8485		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



ATTACHMENT

66002896

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

EAST COAST HOME IMPROVEMENTS, INC.
766 TARRY TOWN TRAIL
PORT ORANGE, FL 32127 US

Subject: EAST COAST HOME IMPROVEMENTS, INC.

Reference Number: P05000092458

*Corrections
have been
made -
See attached*

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION