


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90173 005 \*\*\*150.00

<b>DOCUMENT # P05000102765</b>	
1. Entity Name <b>MR. FIX IT REPAIR, INC.</b>	

Principal Place of Business <b>4018 WINKLER AVENUE APT. 203 FT. MYERS, FL 33916</b>	Mailing Address <b>4018 WINKLER AVENUE APT. 203 FT. MYERS, FL 33916</b>
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2. Principal Place of Business <b>1910 S. Waukesha St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 967</b> Suite, Apt. #, etc.
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City & State <b>Bonifay Florida</b>	City & State <b>Bonifay Florida</b>
Zip <b>32425</b>	Country <b>US</b>
Zip <b>32425</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>MCQUAIG, MICHAEL S 4018 WINKLER AVENUE APT. 203 FT. MYERS, FL 33916</b>	
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7. Name and Address of New Registered Agent <b>MCQUAIG MICHAEL S 225 Hightower Ave Bonifay FL 32425</b>	
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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 <b>[Signature]</b> Signature, typed or printed name of registered agent and title if applicable	DATE <b>4-13-06</b> (NOTE: Registered Agent signature required when reinstating)

<b>Check # 1068</b> <b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D MCQUIG, MICHAEL S 4018 WINKLER AVENUE APT. 203 FT. MYERS, FL 33916</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>OFFICER NICOLE GARTNER 225 Hightower Ave Bonifay FL 32425</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR MCQUAIG MICHAEL S 225 Hightower Ave Bonifay FL 32425</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4-13-06</b> Daytime Phone # <b>850-547-7488</b>