

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90020 039 ***150.00

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02252007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000107677 1. Entity Name MLM REMODELING, INC.			
Principal Place of Business 1025 SOUTH BEACH STREET UNIT 202 DAYTONA BEACH, FL 32114		Mailing Address 1025 SOUTH BEACH STREET UNIT 202 DAYTONA BEACH, FL 32114	
2. Principal Place of Business - No P.O. Box # 475 PHOENIX AVE		3. Mailing Address 475 PHOENIX AVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DAYTONA BCH, FL		City & State DAYTONA BCH, FL	
Zip 32118		Zip 32118	
Country VOLUSIA		Country VOLUSIA	
4. FEI Number 20-3258359		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name MACIEJ MEDRZYCKI Street Address (P.O. Box Number is Not Acceptable) 475 PHOENIX AVE City DAYTONA BEACH FL Zip Code 32118	
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 MACIEJ MEDRZYCKI <i>[Signature]</i> 3/13/7 <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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEDRZYCKI, MACIEJ L 1025 SOUTH BEACH STREET #202 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MACIEJ MEDRZYCKI 475 PHOENIX AVE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOMURAT, PATRYCK 1025 SOUTH BEACH STREET #202 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRYK DOMURAT 103 RYCLIFFE DR PALM COAST, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOMURAT, ANDRZEJ 1025 SOUTH BEACH STREET #202 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDRZEJ DOMURAT 103 RYCLIFFE DR PALM COAST, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/13/7 Daytime Phone # (985) 788 1541	