2008 FOR PROFIT CORPORATION

May 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P05000118576** 1. Entity Name HALE'S HOME IMPROVEMENT, INC. Principal Place of Business Mailing Address 33 PRINCE ANTHONY LANE P.O. BOX 354704 PALM COAST, FL 32135 PALM COAST, FL 32164 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3745302 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALE, MICHAEL K DO NOT WRITE 33 PRINCE ANTHONY LN. PALM COAST, FL 32164 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000938769 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ′27/08-80103-013 150.0**0** OFFICERS AND DIRECTORS 10. TITLE HALE, MICHAEL K NAME 33 PRINCE ANTHONY LANE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 purpowered 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:

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

ID TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED