


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 015 ***158.75

DOCUMENT # P05000122690		
1. Entity Name DANNY WEAVER'S HOME REPAIR, INC.		
Principal Place of Business 750 OAK ST PORT ST LUCIE FL 34952		Mailing Address 750 OAK ST PORT ST LUCIE FL 34952



2. Principal Place of Business 574 S.W. Columbus Dr.	3. Mailing Address 574 S.W. Columbus Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State Port St Lucie Fl.	City & State Port St. Lucie Fl.
Zip 34953	Zip 34953
Country St. Lucie	Country St. Lucie

4. FEI Number 16-1733826	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEAVER, DANNY 750 OAK ST PORT ST LUCIE FL 34952	
<i>Danny Weaver</i>	

7. Name and Address of New Registered Agent Danny Weaver	
Street Address (P.O. Box Number is Not Acceptable) 574 S.W. Columbus Dr.	
City & State Port St. Lucie, Fl.	Zip Code FL 34953

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 <i>Danny Weaver</i>	DATE Aug. 23, 2006

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Danny Weaver	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAVER, DANNY		NAME 574 S.W. Columbus Dr.	
STREET ADDRESS 750 OAK ST		STREET ADDRESS Port St. Lucie, Fl.	
CITY - ST - ZIP PORT ST LUCIE FL 34952		CITY - ST - ZIP 34953	
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	
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: <i>Danny Weaver</i>	DATE: Aug. 23-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	