

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123738

FILED
Apr 07, 2006
Secretary of State

Entity Name: DISCOVERY HOME REPAIR, INC.

Current Principal Place of Business:

1442 CEDAR PINE DR
DELTONA, FL 32725

New Principal Place of Business:

413 COMFORT DR
APOPKA, FL 32712

Current Mailing Address:

1442 CEDAR PINE DR
DELTONA, FL 32725

New Mailing Address:

413 COMFORT DR
APOPKA, FL 32712

FEI Number: 20-3437225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBREROS, JULIAN
2026 JOHNATTAN ST
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

CORDOBA, GIANCARLO
413 COMFORT DR
APOPKA, FL 32712 US

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.

SIGNATURE: GIANCARLO CORDOBA

04/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIBREROS, JULIAN
Address: 2026 JOHNATTAN ST
City-St-Zip: KISSIMMEE, FL 34741

Title: V () Delete
Name: RODRIGUEZ, ROMAN
Address: 1442 CEDAR PINE DR.
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: CULP, CARRIE M
Address: 969 VINERIDGE RUN #969
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Delete
Name: RIPOLL, JAIR A
Address: 655 GLADES CIRCLE #213
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CORDOBA VARGAS, GIANCARLO
Address: 413 COMFORT DR
City-St-Zip: APOPKA, FL 32713

Title: V (X) Change () Addition
Name: LIBREROS, JULIAN
Address: 2026 JONATHAN ST
City-St-Zip: KISSIMMEE, FL 34741

Title: S (X) Change () Addition
Name: RIPOLL, FRANK
Address: 4227 PERSHING POINT PL # 2
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIANCARLO CORDOBA

P

04/07/2006

Electronic Signature of Signing Officer or Director

Date