2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P06000003224 1. Entity Name 04-17-2007 90059 046 ***150.00 GEORGES HOME REPAIRS INC Principal Place of Business Mailing Address 4415 NE PALMETTO DRIVE 4415 NE PALMETTO DRIVE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4115 NE Palmetto Dr. 415 N. & Ralmetto Do Suite, Apt. #, Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State ensen enser 20-40544 Not Applicable Country \$8.75 Additional 5. Cortificate of Status Desired 34957 Marti Martin 495 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WILLIAMS, GEORGE 4415 NE PALMETTO DRIVE Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957 Zip Code 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITUS Change Addition HILL Delete WILLIAMS, GEORGE NAME NAME 4415 NE PALMETTO DRIVE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CHY SEZIP CITY ST 7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP ☐ Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete 10116 ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDITIONS CHY SL ZIP CHY St ZIP HILLE ☐ Change ☐ Addition HILL ☐ Delete NAME NAME STREEL ADDRESS STREET ADDRESS COY-ST-ZIP CITY-SI-7IP ☐ Change Addition Delete STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

George L. William J. 3-29-67

FILED