

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 040 ***150.00

DOCUMENT # P06000004467					
1. Entity Name DISCOVERY HOME MAKEOVER INC.					
Principal Place of Business 1442 CEDAR PINE DRIVE DELTONA, FL 32725 US			Mailing Address 1442 CEDAR PINE DRIVE DELTONA, FL 32725 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8521127	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADILLA, JULIA 4202 FOX QUARRY LANE SANFORD, FL 32773			7. Name and Address of New Registered Agent Name: <u>Roman I Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable): <u>1442 Cedar Pine Dr</u> City: <u>Deltona</u> FL Zip Code: <u>32725</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/27/07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1; 2007 Fee will be \$550.00			9. Election Campaign Financing <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	P RODRIGUEZ, ROMAN I 1442 CEDAR PINE DRIVE DELTONA, FL 32725	<input type="checkbox"/> Delete			
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>2/27/07</u> DAYTIME PHONE #: <u>321-274-8127</u>		

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