2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012059

Entity Name: FLAMINGO REMODELING, CORP

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5355 SEDONA CREEK CT 3739 CEDAR HAMMOCK TRL KISSIMME, FL 34758 ST CLOUD, FL 34772

Current Mailing Address: New Mailing Address:

5355 SEDONA CREEK CT 3739 CEDAR HAMMOCK TRL KISSIMME, FL 34758 ST CLOUD, FL 34772

FEI Number: 20-4259073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALCALDE, HECTOR
5355 SEDONA CREEK CT.
KISSIMME, FL 34758 US

ALCALDE, HECTOR
3739 CEDAR HAMMOCK TRL
ST CLOUD, FL 34772 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: HECTOR ALCALDE 04/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALCALDE, HECTOR
Address: 5355 SEDONA CREEK C'

Address: 5355 SEDONA CREEK CT City-St-Zip: KISSIMME, FL 34758

 Title:
 VP
 () Delete

 Name:
 ALCALDE, MARIA

 Address:
 5355 SEDONA CREEK CT

 City-St-Zip:
 KISSIMME, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: ALCALDE, HECTOR
Address: 3739 CEDAR HAMMOCK TRL
City-St-Zip: ST CLOUD, FL 34772

Title: VP (X) Change () Addition

Name: ALCALDE, MARIA

Address: 3739 CEDAR HAMMOCK TRL City-St-Zip: ST CLOUD, FL 34772

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: HECTOR ALCALDE P 04/16/2007