2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037002

City-St-Zip:

BOCA RATON, FL 33434 US

Entity Name: ACMS HOMES REMODELING, INC.

FILED May 01, 2007 Secretary of State

Entity Nan	ne: ACMS HOMI	ES REMODELING, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	ROUSEL CIRCLE ON, FL 33434	WEST					
Current Mailing Address:			New Mailing Address:				
	ROUSEL CIRCLE ON, FL 33434	WEST					
FEI Number: FEI Number Applied For (X)		El Number Applied For (X)	FEI Number Not Applicable () Certific		Certificate of Status Desired ()		
Name and	Address of Curi	rent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	EDSON ROUSEL CIRCLE TON, FL 33434	WEST US					
The above in the State		mits this statement for the pu	rpose of changing i	ts registere	ed office or registered agent, or b	oth,	
SIGNATUR	RE:						
	Electronic §	Signature of Registered Ager	nt		Date		
		(b), F.S., the corporation did not ust Fund Contribution ().	receive the prior notic	e.			
	AND DIRECTO	` '	ADDITION	S/CHANG	ES TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	P () Del RIBEIRO, EDSON 20513 CAROUSEL BOCA RATON, FL	CIRCLE WEST	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () De DE FRANCESCHI, 22772 MARBELLA BOCA RATON, FL	CRISTINA G CIRCLE	Title: Name: Address: City-St-Zip:		(X) Change () Addition WARCIA C ROUSEL CIRCLE WEST ON, FL 33434 US		
Title: Name: Address:	T () Del RIBEIRO, MARCIA 20513 CAROUSEL	С	Title: Name: Address:	T SILVA, JUI 20513 CAF	(X) Change()Addition DITE A ROUSEL CIRCLE WEST		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: BOCA RATON, FL 33434 US

SIGNATURE: EDSON RIBEIRO PD 05/01/2007