

2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-04-2007 90172 017 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01162007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000064083 1. Entity Name AFFORDABLE HOME MAKEOVERS INC.			
Principal Place of Business 4325 29TH PLACE SW NAPLES, FL 34116		Mailing Address 4325 29TH PLACE SW NAPLES, FL 34116	
2. Principal Place of Business - No P.O. Box # 5088 Hawthorne Woods Way Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Naples FL		City & State	
Zip 34116	Country USA	Zip	Country
4. FEI Number 51-0583448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDLEY, E. SHARON 4325 29TH PLACE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>E. Sharon Hedley</u> DATE <u>Mar 31-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <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-STATE-ZIP	PD HEDLEY, E. SHARON 4325 29TH PLACE SW NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>E. Sharon Hedley - E. Sharon Hedley</u> <u>239-352-7957</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			