


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000066421		
1. Entity Name HI TECH HOME IMPROVEMENT CORP.		

FILED

08 JUN 20 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4581 WEST MCNAB ROAD #30 POMPANO BEACH, FL 33069	Mailing Address 4581 WEST MCNAB ROAD #30 POMPANO BEACH, FL 33069
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2. Principal Place of Business - No P.O. Box # <u>2784 QUANTUM LAKES DR</u>	3. Mailing Address <u>Same</u>
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06102008 Chg-P CR2E034 (12/06)

City & State <u>BOYNTON BEACH</u>	City & State <u>Same</u>
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4. FEI Number 22-3931592	Applied For <input type="checkbox"/> Not Applicable
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Zip <u>33426</u>	Country <u>USA</u>	Zip <u>Same</u>	Country <u>Same</u>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BALMUS, DORIN VD 4581 WEST MCNAB ROAD #30 POMPANO BEACH, FL 33069	
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7. Name and Address of New Registered Agent Name <u>DORIN BALMUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2784 QUANTUM LAKES DR.</u> City <u>BOYNTON BEACH</u> FL <u>33426</u>	
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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>Dorin Balmus</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>06.16.08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SEIXAS, ELAINE <input checked="" type="checkbox"/> Delete 4581 WEST MCNAB ROAD #30 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Delete BALMUS, DORIN 4581 WEST MCNAB ROAD #30 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>(954-593-5222)</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>P30</u> <u>2784 QUANTUM LAKES DR.</u> <u>BOYNTON BEACH, FL 33426</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400131445934</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>06/16/08--01031--009</u> <u>\$550.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>DORIN BALMUS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>06.16.2008</u> <small>Daytime Phone #</small>
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954 822 5266