


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-19-2007 90034 011 ***158.75

DOCUMENT # P06000100403 1. Entity Name V.S.REMODELING, INC.																													
Principal Place of Business 6709 ORCHARD DR.N. ST.PETERSBURG, FL 33702 US			Mailing Address 6709 ORCHARD DR.N. ST.PETERSBURG, FL 33702 US																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent SOKOL, VLADIMIR 6709 ORCHARD DR.N. ST.PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE</small>			4. FEI Number 20-5304125 Applied For Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01142007 Chg-P CR2E034 (12/06)																										
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOKOL, VLADIMIR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6709 ORCHARD DR.N.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ST.PETERSBURG, FL 33702</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> Delete	NAME	SOKOL, VLADIMIR		STREET ADDRESS	6709 ORCHARD DR.N.		CITY- ST- ZIP	ST.PETERSBURG, FL 33702		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1.15.07 727 244 2450 <small>Date Daytime Phone #</small>																										