

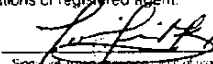
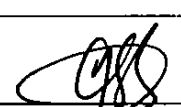
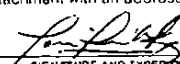
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P06000144973

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**

2007 OCT 17 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                                                                                                                                                          |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P06000144973</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                                                         |                                                                   |
| 1. Entity Name<br><b>LMR REMODEL &amp; REPAIR INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                                                                          |                                                                   |
| Principal Place of Business<br><b>1455 COLLINS RD<br/>FT. MYERS, FL 33919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               | Mailing Address<br><b>1455 COLLINS RD<br/>FT. MYERS, FL 33919</b>                                                                                                                                                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><b>12902 Stone Tower Lp.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | Suite, Apt. #, etc.                                                                                                                                                                                                      |                                                                   |
| City & State<br><b>FT Myers.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               | City & State                                                                                                                                                                                                             |                                                                   |
| Zip<br><b>33913</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country<br><b>Lee</b>                                                                         | Zip                                                                                                                                                                                                                      | Country                                                           |
| 4. FEI Number<br><b>20-5921155</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                               |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               | \$8.75 Additional Fee Required                                                                                                                                                                                           |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MEDINA, LUISA<br/>1455 COLLINS RD<br/>FT. MYERS, FL 33919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | 7. Name and Address of New Registered Agent<br>Name <b>Luisa Medina</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>12902</b><br><b>STONE TOWER LOOP.</b><br>City <b>FT Myers.</b> FL Zip Code <b>33913</b> |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               | DATE <b>08-15-2007</b>                                                                                                                                                                                                   |                                                                   |
| 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                                                                                                                     |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>MEDINA, LUISA<br>1455 COLLINS RD.<br>FT. MYERS, FL 33919 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                               |                                                                                                                                                                                                                          |                                                                   |
| SIGNATURE:  <b>Luisa Medina</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | DATE <b>08-15-2007</b> (239 9106415)                                                                                                                                                                                     |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | Date Daytime Phone                                                                                                                                                                                                       |                                                                   |