## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2007 8:00 am Secretary of State

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DOCUMENT # P06000149162  1. Entity Name OVERLA TRIM & HOME IMPROVEMENTS						' 90026 012 ***	*150.00
Principal Place 202 BROOKS FRUITLAND P		Mailing Address 202 BROOKSTONE LANI FRUITLAND PARK, FL 3			057739	Piāl 1187: ālālā 1818; 1187s.	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172007	Chg-P	CR2E034 (12	(06)
City & State	е	City & State		4. FEI Numbe	5966	856	Applied For Not Applicable
Zip 	Country	Zip	Country		of Status Desired	Fee Re	Additional quired
	6. Name and Address of Силтепt	Registered Agent		7. Name and	Address of New	Registered Agent	
OVERLA, ROBERT 202 BROOKSTONE LANE		Name Street Address	s (P.O. Box Numbe	r is Not Acceptab	ole)		
	ID PARK, FL 34731		ļ				
			City	7		FL Zip	Code
8. The above	named entity submits this statement for	r the purpose of changing its r	registered office of regist	lered agent, or bot	h, in the State of F	lorida. Lam familiar	with, and accept
•	ions of recovered agent.	1 A- ()			<del></del>	こっつ	100
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SIGNATURE	Signature, typed or printed name of registered eigent a	and trile if applicable. (NOTE:	Registered Agent suggestion (Tequi	ired when reinstating)		DATE	, <u>, , , , , , , , , , , , , , , , , , </u>
FIL	Sonytire, typed or printed name of equiting and a second sec	9. Election Campaig	gn Financing\$	5.00 May Be		DATE	, , ,
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	gn Financing \$	5.00 May Be dded to Fees	CHANGES TO OF		ETORS IN 11
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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 his 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 any didress, with all gine his perfect.

SIGNATURE: NO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENCY DIRECTOR

Date Daysine Phone #