
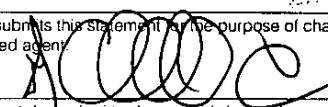
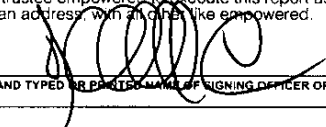


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90255 048 \*\*\*150.00

<b>DOCUMENT # P07000026616</b> 1. Entity Name <b>ONE STOP RENOVATIONS INC.</b>			
Principal Place of Business <b>14167 LORD BARCLAY DRIVE ORLANDO, FL 32837</b>		Mailing Address <b>14167 LORD BARCLAY DRIVE ORLANDO, FL 32837</b>	
2. Principal Place of Business - No P.O. Box # <b>3956 Town Center Blvd #168</b>		3. Mailing Address <b>3956 Town Center Blvd #168</b>	
Suite, Apt. #, etc. <b>#168</b>		Suite, Apt. #, etc. <b>#168</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32837</b>		Zip <b>32837</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>56-2644121</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05012008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CHURCHILL, TILLIS J II 14167 LORD BARCLAY DRIVE ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent Name <b>Churchill, Tillis J II</b> Street Address (P.O. Box numbers not acceptable) <b>4135 NW 35th Street</b> City <b>Gainesville</b> FL <b>32605</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>4/30/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHURCHILL, TILLIS J II 14167 LORD BARCLAY DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Churchill, Tillis J II 3956 Town Center Blvd #168 Orlando, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JUAN C 4135 NW 35TH STREET GAINESVILLE, FL 32837 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 an officer, like empowered.			
SIGNATURE: 		Date <b>4/30/08</b> Daytime Phone # <b>407-468-8079</b>	