

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047097

FILED
Apr 29, 2009
Secretary of State

Entity Name: ASSIST-2-BUILD-REMODEL-REPAIR-DESIGN, INC.

Current Principal Place of Business:

2115 LOUIS AVENUE
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

2115 LOUIS AVENUE
ALVA, FL 33920

New Mailing Address:

FEI Number: 20-8961130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNARDO PROTANO, ESQUIRE, P.A.
2500 HOLLYWOOD BLVD
SUITE 411
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SMITH, DONA A PTD
2115 LOUIS AVENUE
ALVA, FL 33920 US

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.

SIGNATURE: DONA A. SMITH

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: AIRD, JANET
Address: 2115 LOUIS AVENUE
City-St-Zip: ALVA, FL 33920

Title: PTD () Delete
Name: SMITH, DONA
Address: 2115 LOUIS AVENUE
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: AIRD, DONALD H
Address: 2115 LOUIS AVENUE
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: AIRD, JANET L
Address: 2115 LOUIS AVENUE
City-St-Zip: ALVA, FL 33920

Title: PTD (X) Change () Addition
Name: SMITH, DONA A
Address: 2115 LOUIS AVENUE
City-St-Zip: ALVA, FL 33920

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONA A. SMITH

PTD

04/29/2009

Electronic Signature of Signing Officer or Director

Date