2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2005
Secretary of State

DOCUMENT# P95000037331

Entity Name: TWICE AS NICE, HOME IMPROVEMENTS COMPANY

Current Principal Place of Business:

67 PELICAN STREET WEST
NAPLES, FL 34113 US

New Principal Place of Business:

416 BROAD STREET
MASARYKTOWN, FL 34604 US

Current Mailing Address:

67 PELICAN STREET WEST
NAPLES, FL 34113 US

New Mailing Address:

416 BROAD STREET
MASARYRTOWN, FL 34604 US

FEI Number: 65-0581027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, TRACI M
67 PELICAN STREET W
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

SCHMIDT, TRACI M
416 BROAD STREET
MASARYKTOWN, FL 34604 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: 06/19/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHMIDT, MICHAEL C
Address: 67 PELICAN STREET W
City-St-Zip: NAPLES, FL 34113

Title: ST ( ) Delete
Name: SCHMIDT, CHERYL A
Address: 67 PELICAN STREET WEST
City-St-Zip: NAPLES, FL 34113

Title: VP ( ) Delete
Name: COLLINS, WILLIAM
Address: 2669 DAVIS BLVD
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHMIDT, MICHAEL C
Address: 416 BROAD STREET
City-St-Zip: MASARYKTOWN, FL 34604

Title: ST (X) Change ( ) Addition
Name: SCHMIDT, CHERYL A
Address: 416 BROAD STREET
City-St-Zip: MASARYKTOWN, FL 34604

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL SCHMIDT P 06/19/2005
Electronic Signature of Signing Officer or Director Date