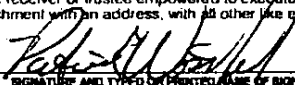


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90001 046 ***150.00

DOCUMENT # P96000009671		
1. Entity Name UNLIMITED RENOVATIONS, INC.		
Principal Place of Business 522 EAST PINE AVENUE CRESTVIEW, FL 32539 US		Mailing Address 522 EAST PINE AVENUE CRESTVIEW, FL 32539 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PATRICK, WESTFALL 522 EAST PINE AVENUE CRESTVIEW, FL 32539		DO NOT WRITE IN THIS SPACE
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD WESTFALL, PATRICK 522 EAST PINE AVENUE CRESTVIEW, FL 32539	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		5/19/08 850 689 3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #