

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**



**DOCUMENT # P97000010112**  
 1. Entity Name  
**DO YOUR HOME A FAVOR, INC.**

Principal Place of Business: **5600 FLAGLER DR #409 WEST PALM BEACH FL 33407**  
 Mailing Address: **5600 N. FLAGLER DR. #409 WEST PALM BEACH FL 33407**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E034 (10/05)  
 4. FEI Number: **65-0728159** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCLOUGHLIN, MICHAEL**  
**5600 POINSETTIA**  
**#409**  
**WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 incorporating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | PSTD <input type="checkbox"/> Delete |
| NAME           | MCLOUGHLIN, MICHAEL                  |
| STREET ADDRESS | 5600 POINSETTIA, #409                |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33407             |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          | <input type="checkbox"/> Delete      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | U00000434088  |
| CITY-ST-ZIP    | 02/24/06-80043-025 150.00   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Section 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: *Michael McLaughlin* 1-13-06 561-628-2171