## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000037551

Entity Name: RESTORATION PARTNERS, INC.

FILED Apr 30, 2012 Secretary of State

| Current Principal Place of Business:  | New Principal Place o             | f Business:                          |
|---|-----------------------------------|--------------------------------------|
| 18880 LOXAHATCHEE RIVER RD.<br>JUPITER, FL 33458  |                                   |                                      |
| Current Mailing Address:  | New Mailing Address:              |                                      |
| 18880 LOXAHATCHEE RIVER RD.<br>JUPITER, FL 33458  |                                   |                                      |
| FEI Number: 65-0778846 FEI Number Applied For ( )                                       | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                                   | New Registered Agent:                |
| LENNON, DIANNE<br>18880 LOXAHATCHEE RIVER RD.<br>JUPITER, FL 33458 US                   |                                   |                                      |
| The above named entity submits this statement for the p in the State of Florida.        | urpose of changing its registered | office or registered agent, or both, |
| SIGNATURE:  |                                   |                                      |
| Electronic Signature of Registered Age  | nt                                | Date                                 |
| OFFICERS AND DIRECTORS:   |                                   |                                      |

Title:

Name: LENNON, DIANNE

Address: 18880 LOXAHATCHEE RIVER RD.

City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: DIANNE LENNON D 04/30/2012