2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

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|--|--|--|-------------------------------|--------------------|---------------------|---|--|
| DOCUMENT # P97000047971 1. Entity Name PREMIER HOME FINISHES, INC. | | | | Secretary of State | | | |
| 9001 HIGHL STE 1 | ce of Business AND WOODS BLVD RINGS, FL 34135 | Mailing Address 164 BAYVIEW AVE NAPLES, FL 34108 | | | | | |
| C | OO NOT WRITE | | CE | | No Chg-P 99 | CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARWICK, RICHARD K 164 BAYVIEW AVE NAPLES, FL 34108 | | | DO NOT WRITE IN THIS SPACE | | | | |
| the obligate SIGNATURE. | e named entify submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and LE NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | litte f apolicable. (NOTE Registere 9. Election Campalgn Finar | d Agent signature required | | the State of Floric | da. I am familiar with, and accept | |
| 10. | OFFICERS AND DI | RECTORS | Τ | ., | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARWICK, RICHARD K 164 BAYVIEW AVE NAPLES, FL 34108 | | | | | ነጋርር ልግ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARWICK, KATHY S 164 BAYVIEW AVE NAPLES, FL 34108 | | | . () | 12/15/05-8 | 29546 30071-098 150.00 | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | DO N | OT WE | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE | | | - | | | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR REINDED HARE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

4/10

239-498-0801

Date