2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P97000058937 03-14-2007 90026 025 ***150.00 1. Entity Name **NEW EDITION CONTRACTING & REMODELING, INC.** Principal Place of Business Mailing Address 717 GLADWINS AVE FERN PARK, PL 32730 717 GLADWINS AVE FERN PARK AL 32730 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Chris Meyer Chris Meyer 122007 Chg-P CR2E034 (12/06) 321 Seminola Blvd. 321 Seminola Blvd. El Number Applied For Casselberry, FL 32707 Casselberry, FL 32707 59-3457358 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam QUALLS, RICKY D Chris Meyer Stre 717 GLADWIN AVE 321 Seminola Blvd. FERN PARK, FL 32730 Casselberry, FL 32707 City 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, typed or pilm (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TITLE □ Delete TITLE ☐ Change ■ Addition QUALLS, RICKY D NAME NAME ()Y STREET ADDRESS 717 GLADWIN AVE STREET ADDRESS CITY-ST-ZIP FERN PARK, FL 32730 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete MEYER, CHRISTOPHER NAME NV STREET ADDRESS 717 GLADWIN AVE STREET ADDRESS CITY-ST-ZIP FERN PARK, FL 32730 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

CHRIS MEYER 3/12/07

FILED Mar 14, 2007 8:00 am