2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005
Secretary of State

DOCUMENT# P99000013013

Entity Name: HOME IMPROVEMENT NETWORK, INC.

Current Principal Place of Business:

5030 COMMERCE PARK CIR.
PENSACOLA, FL 32505

New Principal Place of Business:

2 FAIRPOINT PLACE
GULF BREEZE, FL 32561

Current Mailing Address:

5030 COMMERCE PARK CIR.
PENSACOLA, FL 32505

New Mailing Address:

2 FAIRPOINT PLACE
GULF BREEZE, FL 32561

FEI Number: 59-3559594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANYKO, JOHN A
200 S. TARRAGONA ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

FOLKERS, THOMAS
2 FAIRPOINT PLACE
GULF BREEZE, FL 32561 US

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.

SIGNATURE: THOMAS FOLKERS 03/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOLKERS, THOMAS G
Address: 5030 COMMERCE PARK CIR
City-St-Zip: PENSACOLA, FL 32505

Title: STD ( ) Delete
Name: FOLKERS, SPARKIE S
Address: 5030 COMMERCE PARK CIR
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOLKERS, THOMAS G
Address: 2 FAIRPOINT PLACE
City-St-Zip: GULF BREEZE, FL 32561

Title: STD (X) Change ( ) Addition
Name: FOLKERS, SPARKIE S
Address: 2 FAIRPOINT PLACE
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SPARKIE FOLKERS STD 03/26/2005
Electronic Signature of Signing Officer or Director Date