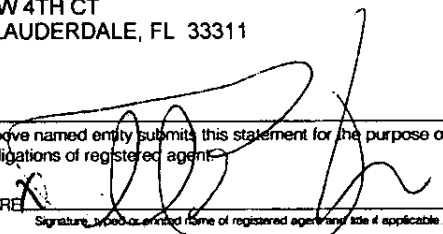
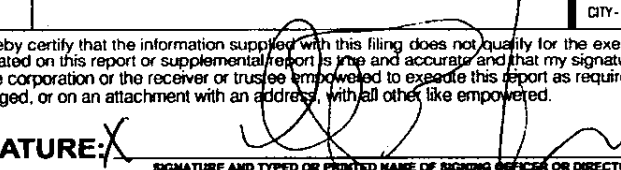


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90002 050 ***150.00

| | | | | | |
|--|---|---------------------|---|--|--|
| DOCUMENT # P99000066641 1. Entity Name RENOVATEC ENTERPRISE INC. | | | |  | |
| Principal Place of Business 2590 NW 4TH CT FORT LAUDERDALE, FL 33311 | | | Mailing Address 2590 NW 4TH CT FORT LAUDERDALE, FL 33311 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0936343 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BEAULIEU, MICHEL 2590 NW 4TH CT FORT LAUDERDALE, FL 33311 | | | | 7. Name and Address of New Registered Agent Name Beaulieu, Michel Street Address (P.O. Box Number is Not Acceptable) 2590 NW 4th CT City FORT LAUDERDALE FL Zip Code 33311 | |
| 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 reappointing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BEAULIEU, MICHEL 847 NW 87TH AVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. | | | | | |
| SIGNATURE:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |