## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

## May 16, 2008 8:00 am Secretary of State **DOCUMENT # S23608** 4, Entity Name INNOVATIONS IN STAIRS, INC. 05-16-2008 90023 042 \*\*\*150.00 Principal Place of Susiness Mailing Address 3834 NW 126TH AVE 3834 NW 126TH AVE POMPANO BEACH, FL 33065 POMPANO BEACH, FL 33065 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address AVENUE SAM MA Suite, Apt. #, etc. Suite, Apt. #, e 04222008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For ORANGE, PL 65-0238984 Not Applicable Country Country \$8.75 Additional 32129 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIZZUTO, PETER Street Address (P.O. Box Number is Not Acceptable) 3840 NW 126TH AVENUE CORAL SPRINGS, FL 33065 UNIT F DRANGE 3. The above named entity subsection is 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, typisa or printegt rag or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE \$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Change Addition RIZZUTO, PETE NAME NAME 141 SPRINGBERRY COURT STREET ADDRESS 12344 NW 27TH PLACE STREET ADDRESS Dayroch BEACH, FL 32/24 CITY-ST-ZIP CORAL SPRINGS, FL CITY-SI-ZIP TLE Change ■ Addition ☐ Delete TITLE ME RIZZUTO, ROBERT NAME TEET ADDRESS SPRINGBERRY COURT **12344 NW 27TH PLACE** STREET ADDRESS BEACH, FL 32124 CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Change Addition TLE Delete TITLE MAME NAME ATREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE MAME MANAG STREET ADDRESS SERRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE HOLE NAME √.ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP MY-ST-ZIP 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 recorder of 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.

FILED

Daytime Phone #