2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 10, 2006 08:00 AM DOCUMENT # S37943 **Secretary of State** 1. Entity Name RO-PAT HOME IMPROVEMENT, INC. Mailing Address Principal Place of Business PO BOX 93-6556 POMPANO BEACH FL 33093 3560 BW 10TH AVE FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4, FEI Number Applied For City & State 65-0249798 Not Applicat: Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VANDERHOOF, ROBERT N., JR. Street Address (P.O. Box Number is Not Acceptable) **497 NW 70TH WAY** MARGATE FL 33063 Zip Code City 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 Signature, types or privide name of registered agent and two if appricable (NOTE: Registered Agent a-grature required when romaining) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. MLE Change Detete TITLE U00000429617 NAME VANDERHOOF, ROBERT N. JR NAME 02/22/06-80015-006 150.00 STREET ADDRESS 497 NW 70TH WAY STREET ADDRESS CITY-ST-ZIP MARGATE FL CITY-SI-IP ☐ Change T Address THEF TITLE Delete NAME NAM STREET ADDRESS STREET ADDRESS C17Y-S7-21P CHY-ST-ZIP ☐ Detote mre Change **□** ^-1171.5 NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C17Y-S1-71P ☐ Change □ Air… Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP ☐ Change □ A : ☐ Delete JJTST MAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP City-St-Zip Change ☐ Add ☐ Delete THE TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZO 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with at other like empowered.

Robert N/ANDERhoof 1-30-06

FILED