2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) FILED May 02, 2007 08:00 AM DOCUMENT # P01000035875 **Secretary of State** AARON WHEELER VINYL-INSTALLATION, INC. AARON Wheeler, PA Principal Place of Business Mailing Address 3030 ORANGE TREE DR. 3030 ORANGE TREE DR. **EDGEWATER FL 32141 EDGEWATER FL 32141** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3698819 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHEELER, AARON 3030 ORANGE TREE DR. Street Address (P.O. Box Numbor is Not Acceptable) **EDGEWATER FL 32141** 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE Delete HILE Change Addition WHEELER, AARON NAME NAME U00000755938 3030 ORANGE TREE DR. STREET ADDRESS STREET ADDRESS. 05/23/07-80011-002 150.00 CITY-ST-7IP **EDGEWATER FL 32141** CITY-ST-ZIP VSD ☐ Change TITLE ☐ Delete TITLE Addition WHEELER, KAREN NAME NAME 3030 ORANGE TREE DR. STREET ADDRESS STREET ADDRESS EDGEWATER FL 32141 CITY-ST-ZIP CHY-ST-ZIP ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CifY - ST - ZIP CITY-ST-ZIP Delete IIIIE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete ☐ Addition TITLE DILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP

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 roport 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.

TITLE

NAME

STREET ADDRESS

CITY - S1 - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

AARON Wheeler 4-30-07 386-566-0819
ORD DERECTOR DESCRIPTION OF THE PRIOR &

Change

Addition