

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000018847

**FILED  
Jul 14, 2006  
Secretary of State**

**Entity Name:** UNITED APPLIANCE INSTALLERS, INC.

**Current Principal Place of Business:**

641 LAVERS AVENUE  
#105  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

641 LAVERS AVENUE  
#105  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 20-2245615      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAUDIO, MAX  
641 LAVERS AVENUE  
#105  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLAUDIO, ALFREDO  
Address: 641 LAVERS AVENUE, 105  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALFREDO CLAUDIO

P

07/14/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date