

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004747

FILED  
May 03, 2008  
Secretary of State

Entity Name: ALUMINUM INSTALLATION SPECIALTY'S INC.

## Current Principal Place of Business:

45 FERN CREST DRIVE  
DEBARY, FL 32713

## New Principal Place of Business:

16049 JOHNS LAKE RD.  
CLERMONT, FL 34711

## Current Mailing Address:

45 FERN CREST DRIVE  
DEBARY, FL 32713

## New Mailing Address:

16049 JOHNS LAKE RD.  
CLERMONT, FL 34711

FEI Number: 20-3897131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYLES, MICHAEL T  
45 FERN CREST DRIVE  
DEBARY, FL 32713 US

## Name and Address of New Registered Agent:

LYLES, MICHAEL T  
16049 JOHNS LAKE RD.  
CLERMONT, FL 34711 US

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: MICHAEL T. LYLES

05/03/2008

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: CP ( ) Delete  
Name: LYLES, MICHAEL T  
Address: 3353 MOUNTAIN VIEW RD  
City-St-Zip: GAINESVILLE, GA 30504

Title: VCVP ( ) Delete  
Name: LYLES, MARGARET D  
Address: 3353 MOUNTAIN VIEW RD  
City-St-Zip: GAINESVILLE, GA 30504

Title: ST ( ) Delete  
Name: LYLES, MARGARET D  
Address: 3353 MOUNTAIN VIEW RD  
City-St-Zip: GAINESVILLE, GA 30504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL T. LYLES

CEO

05/03/2008

Electronic Signature of Signing Officer or Director

Date