2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# F06000004747

Entity Name: ALUMINUM INSTALLATION SPECIALTY'S INC.

Current Principal Place of Business:

16049 JOHNS LAKE RD.
CLERMONT, FL 34711

New Principal Place of Business:

10201 US HWY 27 SOUTH
#1
CLERMONT, FL 34711

Current Mailing Address:

16049 JOHNS LAKE RD.
CLERMONT, FL 34711

New Mailing Address:

10201 US HWY 27 SOUTH
#1
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
16049 JOHNS LAKE RD.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

LYLES, MICHAEL T
10201 US HWY 27 SOUTH
#1
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 03/20/2009
Electronic Signature of Registered Agent Date

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: VCVP (X) Change ( ) Addition
Name: LYLES, MICHAEL T
Address: 3353 MOUNTAIN VIEW RD
City-St-Zip: GAINESVILLE, GA 30504

Title: ST (X) Change ( ) Addition
Name: LYLES, MICHAEL T
Address: 3353 MOUNTAIN VIEW RD
City-St-Zip: GAINESVILLE, GA 30504

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 PRES 03/20/2009
Electronic Signature of Signing Officer or Director Date