2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 20, 2006 08:00 AM DOCUMENT # K76052 **Secretary of State** 1. Entity Nan D & L INSTALLATIONS, INC. Principal Place of Business Mailing Address P O BOX 7752 SARASOTA FL 34278 746 WOOD LANE SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 65-0105143 Not Applicate Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAMMERLING, LOREE Street Address (P.O. Box Number is Not Acceptable) 746 WOOD LANE SARASOTA FL 34237 City 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 access the obligations of registered agent. SIGNATURE Signature hyped or praited name of registering agent and bod it appropriate DATE (NOTE: Registured Agent signature required when tensiating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Alco THILE PD ☐ Defete TITLE NAME KAMMERLING, LOREE NAME STREET ADDRESS STREET ADDRESS 746 WOOD LANE U00000475430 04/05/06~80015~80일 남동읍, 75_{급 ART} CITY-ST-ZIP CITY-SY-ZIP SARASOTA FL 34237 ☐ Delete SITTLE TRILE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change A A ☐ Delete 11712 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-71P ☐ Chance Arr Delete 7/71 5 TITLE NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Defete ☐ Change MLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-702 Change ☐ Am Delete TITLE TITLE NAME NAME j STREET ADDRESS STREET ADDRESS CITY-ST-DP

12. I hereby certify that the information supplied with this filing does not quality 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3_15-06

Daytima Phono A

FILED