2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014259

City-St-Zip:

DUNN, NC 28334

Entity Name: CIS CARPENTRY INSTALLATION SPECIALIST LLC

FILED Aug 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 123 HARWOOD CIRCLE 3301 LAKE CYPRESS ROAD KISSIMMEE, FL 34744 KENANSVILLE, FL 34739 **Current Mailing Address: New Mailing Address:** 123 HARWOOD CIRCLE 165 WORDSWORTH RD **DUNN, NC 28403** KISSIMMEE, FL 34744 FEI Number: 56-2102335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, JOHN L MR MILLER, JOHN L MR 123 HARWOOD CIRCLE 3301 LAKE CYPRESS ROAD KISSIMMEE, FL 34744 KENANSVILLE, FL 34739 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: 08/27/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: OWNE Title: OWNE () Delete (X) Change () Addition MILLER, JOHN LARRY MILLER, JOHN LARRY Name: Name: Address: 123 HARWOOD CIRCLE Address: 3301 LAKE CYPRESS ROAD City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KENANSVILLE, FL 34739 Title: SEC Title: (X) Change () Addition () Delete Name: MILLER, CHARLOTTE P MRS Name: MILLER, CHARLOTTE P MRS Address: 123 HARWOOD CIRCLE Address: 165 WORDSWORTH RD City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: DUNN, NC 28334 Title: MGRM () Delete Title: () Change () Addition POWELL, TOMMIE MR Name: Name: Address: 22424 HORIZON VISTAS DR. Address: City-St-Zip: EUSTIS, FL 32736 83 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition HONEYCUTT, HEATHER J MS Name: Name: 4921 FAIRGROUND ROAD APT C Address: Address:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: JOHN LARRY MILLER OWNE 08/27/2007