2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000028066

1. Entity Name

MICHAEL'S INSTALLATIONS, INC.

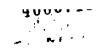
Principal Place of Business

371 FLORIDA MANGO ROAD WEST PALM BEACH, FL 33406 Mailing Address

371 FLORIDA MANGO ROAD WEST PALM BEACH, FL 33406

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90387 015 ***150.00





01112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1001913 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGHAM, JOSEPH M 371 FLORIDA MANGO ROAD WEST PALM BEACH, FL 33406

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L*						
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 accept the obligations of registered agent.						
SIGNATURE_	4 .					
Bidit/iiones	Signature, typed or printed name of registered agent and title	fapplicable. (NOTE: Regi	istered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		· -	****	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGHAM, MICHAEL 371 FLORIDA MANGO ROAD WEST PALM BEACH, FL 33406					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGHAM, DENISE 371 FLORIDA MANGO ROAD WEST PALM BEACH, FL 33406					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated no this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director						

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, include statutes. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pras

1-11-06

561-662.3478

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