2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **Secretary of State DOCUMENT # P00000075061** 1. Entity Name RICKY MURPHY INSTALLATIONS, INC. Mailing Address Principal Place of Business **6741 SCOTT STREET 6741 SCOTT STREET** HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 03062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1030288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LANIA, JOSEPH S P.A. 8892 TAFT STREET PEMBROKE PINES, FL 33024 IN THIS SPACE 3. 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 Sprainre, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature regulard when reinstating) DATE FLORIDA DEPT. OF STATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE MURPHY, RICK A NAME **6741 SCOTT STREET** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME MURPHY, DIANNA M 6741 SCOTT STREET STREET ACCORESS CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ACCRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this tenor tenor tenor tenor 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.

TITLE MARK STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED HAVE DE SIGNING OFFICER OR DIRECTOR

FILED