2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# P00000101879

Entity Name: UNIVERSAL INSTALLERS, INC.

Current Principal Place of Business:

3612 W CLARK CR
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 320431
TAMPA, FL 33679

New Mailing Address:

FEI Number: 65-0184655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERS, DAVID A
3612 W CLARK CR
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STRONG, FRANK
Address: 6604 WEST THONOTOSASSA
City-St-Zip: PLANT CITY, FL 33565

Title: OMGR ( ) Delete
Name: BAKER, TOM
Address: 3932 KING DRIVE
City-St-Zip: BRANDEN, FL 33511

Title: D ( ) Delete
Name: MANUSELL, ROBERT
Address: 10911 LEHMAN RD., #1
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: SHEPHERD, ROBERT D
Address: 707 CLIMATE DR.
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: INSUA, LENORD MARIO
Address: 2923 INDIAN WOODS TR.
City-St-Zip: LAKELAND, FL 33810

Title: D ( ) Delete
Name: JOHNSON, KYLE
Address: 609 DEWOLF RD.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A SUMMERS PRES 01/05/2006

Electronic Signature of Signing Officer or Director — Date