2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P01000101840 02-27-2006 90056 037 ***150.00 AMERICA'S MILLWORK INSTALLATIONS, INC. Principal Place of Business Mailing Address 900 FOX VALLEY DR #206 900 FOX VALLEY DR #206 LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business 3. Mailing Address 900 FOX 900 tox Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 CR2E034 (11/05) Cha-P City & State 4. FEI Number Applied For City & State 59-3750688 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINEHAN, JOHN G 204 S SWEETWATER BLVD Street Address (P.O. Box Number is Not Acceptable) LONGWOOD, FL 32779 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 accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TILE ☐ Defete TITLE ☐ Change ☐ Addition LINEHAN, JOHN G NAME NAME STREET ADDRESS 900 FOX VALLEY DR #206 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TD TITLE ☐ Delete ☐ Change ☐ Addition NAME SANDERS, GLENN NAME 900 FOX VALLEY DR #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this produces not qualify for the exemptions contained 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 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 divises 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 will an address, with all other like empowered.

FILED