2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# P01000101840

Entity Name: AMERICA'S MILLWORK INSTALLATIONS, INC.

Current Principal Place of Business:

900 FOX VALLEY DR #210
LONGWOOD, FL 32779

New Principal Place of Business:

900 FOX VALLEY DR #204
SUITE #204
LONGWOOD, FL 32779

Current Mailing Address:

900 FOX VALLEY DR #210
LONGWOOD, FL 32779

New Mailing Address:

900 FOX VALLEY DR #204
SUITE #204
LONGWOOD, FL 32779

FEI Number: 59-3750688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
DELTONA, FL 32725 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: LINEHAN, JOHN G
Address: 900 FOX VALLEY DR #210
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete
Name: SANDERS, GLENN
Address: 900 FOX VALLEY DR #210
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: LINEHAN, JOHN G
Address: 900 FOX VALLEY DR #204
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Change ( ) Addition
Name: SANDERS, GLENN
Address: 900 FOX VALLEY DR #204
City-St-Zip: LONGWOOD, FL 32779

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 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: TAMARA D. NELSON MGR. 07/03/2008

Electronic Signature of Signing Officer or Director — Date