

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000093210

**FILED**  
**Oct 29, 2007**  
**Secretary of State****Entity Name:** TOM WHALLEY'S INSTALLATIONS R' US, INC.**Current Principal Place of Business:**13999 GULF BLVD.  
SUITE C-5, SECOND FLOOR  
MADEIRA BEACH, FL 33708**New Principal Place of Business:****Current Mailing Address:**13999 GULF BLVD.  
SUITE C-5, SECOND FLOOR  
MADEIRA BEACH, FL 33708**New Mailing Address:****FEI Number:** 20-0001199**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WHALLEY, TOM  
4785 58TH AVE N  
ST PETE, FL 33714 US**Name and Address of New Registered Agent:**WHALLEY, TOM  
13999 GULF BLVD.  
SUITE C-5, SECOND FLOOR  
MADEIRA BEACH, FL 33708 US

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: TOM WHALLEY

10/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: WHALLEY, TOM  
Address: 13999 GULF BLVD. SUITE C-5, SECOND FLOOR  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: SECR ( ) Delete  
Name: TAYLOR, DARINA  
Address: 13999 GULF BLVD. SUITE C-5, SECOND FLOOR  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: TRES ( ) Delete  
Name: CALHOUN, CHRISTOPHER  
Address: 13999 GULF BLVD. SUITE C-5, SECOND FLOOR  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: PRES ( ) Delete  
Name: KLEM, SANDRA J  
Address: 13999 GULF BLVD. SUITE C-5 SECOND FLOOR  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VPRES ( ) Delete  
Name: KLEM, HAROLD T V, PRES  
Address: 1399 GULF BLVD. SUITE C-5 SECOND FLOOR  
City-St-Zip: MADEIRA BEACH, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SECR (X) Change ( ) Addition  
Name: JONES, GREG  
Address: 13999 GULF BLVD. SUITE C-5, SECOND FLOOR  
City-St-Zip: MADEIRA BEACH, FL 33708

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 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: TOM WHALLEY

CEO

10/29/2007

Electronic Signature of Signing Officer or Director

Date