

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 29, 2007
Secretary of State**

DOCUMENT# P02000093210

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: VPRE () 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