

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 13, 2009  
Secretary of State**

DOCUMENT# P02000093210

Entity Name: TOM WHALLEY'S INSTALLATIONS R' US, INC.

**Current Principal Place of Business:**

60 137TH AVE CIRCLE  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

60 137TH AVE CIRCLE  
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  
60 137TH AVE CIRCLE  
MADEIRA BEACH, FL 33708      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

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: WHALLEY, TOM  
Address: 60 137TH AVE CIRCLE FLOOR  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: SECR (X) Delete  
Name: STANLEY, BRIAN  
Address: 60 137TH AVE CIRCLE  
City-St-Zip: MADEIRA BEACH, FL 33708

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

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

08/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date