2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093231

Entity Name: K. WILSON INSTALLATIONS, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3101 N COVINGTON DR 3343 MERCHANT TERR DELTONA, FL 32738 DELTONA, FL 32738

Current Mailing Address: New Mailing Address:

P.O. BOX 391346 3343 MERCHANT TERR DELTONA, FL 32739 DELTONA, FL 32738

FEI Number: 13-4262563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC. WILSON, KATHY A MRS 1601 PARK CENTER DR. 3343 MÉRCHANT TERR DELTONA, FL 32738 SUITE 6A ORLANDO, FL 32835 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: KATHY A WILSON 05/01/2009

> 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: () Delete WILSON, KATHY A Name:

P.O. BOX 391346 Address: City-St-Zip: DELTONA, FL 32739

Title: ٧S () Delete Name: WILSON, ALAN D P.O. BOX 391346 Address: DELTONA, FL 32739 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

WILSON, KATHY A Name: 3343 MERCHANT TERR Address: City-St-Zip: DELTONA, FL 32738

Title: VS (X) Change () Addition

Name: WILSON, ALAN D Address: 3343 MERCHANT TERR DELTONA, FL 32738 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: KATHY WILSON PT 05/01/2009