

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114463

FILED
May 06, 2007
Secretary of State

Entity Name: BOGGER INSTALLATION INC.

Current Principal Place of Business:

2783 PROVIDENCE BLVD
DELTONA, FL 32725 US

New Principal Place of Business:

3360 PHONETIA DR
DELTONA, FL 32738 US

Current Mailing Address:

2783 PROVIDENCE BLVD
DELTONA, FL 32725 US

New Mailing Address:

3360 PHONETIA DR
DELTONA, FL 32738 US

FEI Number: 03-0529952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL A
2783 PROVIDENCE BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

BROWN, MICHAEL A
3360 PHONETIA DR
DELTONA, FL 32738 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: MICHAEL A. BROWN

05/06/2007

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: PD () Delete
Name: BROWN, MICHAEL A PD
Address: 2783 PROVIDENCE BLVD
City-St-Zip: DELTONA, FL 32725 US

Title: VD () Delete
Name: APRIL, BROWN N VD
Address: 2783 PROVIDENCE BLVD
City-St-Zip: DELTONA, FL 32725 US

Title: S () Delete
Name: APRIL, BROWN N S
Address: 2783 PROVIDENCE BLVD
City-St-Zip: DELTONA, FL 32725 US

Title: D () Delete
Name: PERRY, JESSE C D
Address: 1222 AMM LN
City-St-Zip: LAKE HELEN, FL 32744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MICHAEL A PD
Address: 3360 PHONETIA DR
City-St-Zip: DELTONA, FL 32738 US

Title: VD (X) Change () Addition
Name: APRIL, BROWN N VD
Address: 3360 PHONETIA DR
City-St-Zip: DELTONA, FL 32738 US

Title: S (X) Change () Addition
Name: APRIL, BROWN N S
Address: 3360 PHONETIA DR
City-St-Zip: DELTONA, FL 32738 US

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: MICHAEL A. BROWN

PD

05/06/2007

Electronic Signature of Signing Officer or Director

Date