2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P03000137660** 04-26-2006 90202 046 ***150.00 1. Entity Name MICHAEL RING INSTALLATION INC. Principal Place of Business Mailing Address #AAAAA ... 6323 SHETLAND DR 6323 SHETLAND DR JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04242006 Chg-P City & State City & State 4. FEI Number Applied For 78-0738293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRESTON, NINA Street Address (P.O. Box Number is Not Acceptable) 12553 MASTERS RIDGE DR JACKSONVILLE, FL 32225 City Zip Code FL 8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIDE ☐ Defete TITLE ☐ Change ■ Addition RING, MICHAEL NAME NAME 6323 SHETLAND DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP VP Delete Change ☐ Addition TITLE TITLE WHITE, JEREMIAH NAME NAME STREET ADDRESS 6524-B ARLINGTON RD STREET ADDRESS CSTY-ST-7IP JACKSONVILLE, FL. 32211 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other/like empowered.

RDIRECTOR

FILED