

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 12, 2006
Secretary of State**

DOCUMENT# P03000141132

Entity Name: DO RIGHT INSTALLATIONS, INC.

Current Principal Place of Business:

2858 CONYERS COURT
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

2858 CONYERS COURT
DELTONA, FL 32738

New Mailing Address:

FEI Number: 20-0434141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, STEPHEN P
2858 CONYERS COURT
DELTONA, FL 32738 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: PRE () Delete
Name: LEWIS, STEPHEN P
Address: 2858 CONYERS CT
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: DI MUZIO, ANTOINETTE MS
Address: 2858 CONYERS CT
City-St-Zip: DELTONA, FL 32738

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: BANKSTON, RONALD J
Address: 2858 CONYERS CT
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE LEWIS

PRES

12/12/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date