
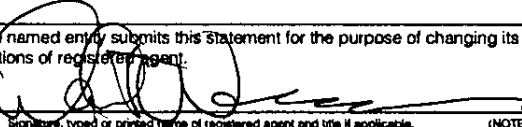
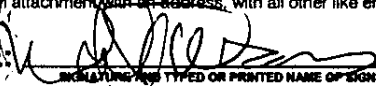


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000150329</b> 1. Entity Name <b>DAN WIECZORECK INSTALLATIONS, INCORPORATED</b>		
Principal Place of Business <b>1575 S. HARBOR DRIVE MERRITT ISLAND, FL 32952 US</b>		Mailing Address <b>1575 S. HARBOR DRIVE MERRITT ISLAND, FL 32952 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WIECZORECK, DANIEL T 1575 S. HARBOR DRIVE MERRITT ISLAND, FL 32952</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE <b>4/22/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIECZORECK, DANIEL T 1575 S. HARBOR DRIVE MERRITT ISLAND, FL 32952	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 or 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/22/08 (321) 302-1326</b> <small>Date Daytime Phone #</small>



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>77-0616696</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000928374  
05/21/08-80024-015 150.00

**DO NOT WRITE  
IN THIS SPACE**