2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P04000110113

Entity Name: CLASSIC INSTALLATIONS SOLUTIONS, INC.

Current Principal Place of Business:

2214 JULIANA COURT
ST CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452767
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 65-1230934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMALL ORGANIZATION SERVICES, INC
200 SOUTH WEST 24 AVENUE
FT LAUDERDALE, FL 33312 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

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: P ( ) Delete
Name: WOODS, SHERMING J
Address: 2214 JULIANA COURT
City-St-Zip: ST CLOUD, FL 34769 US

Title: SEC ( ) Delete
Name: WOODS, SHERMING J
Address: 2214 JULIANA COURT
City-St-Zip: ST CLOUD, FL 34769 US

Title: TREA ( ) Delete
Name: WOODS, SHERMING J
Address: 2214 JULIANA COURT
City-St-Zip: ST CLOUD, FL 34769 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CAROLYN JOSEPH RA 05/01/2006

Electronic Signature of Signing Officer or Director Date