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May 02, 2006 8:00 am
Secretary of State
05-02-2006 90175 028 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125806

1. Entity Name
RE-INSTALLS INC.

Principal Place of Business	Mailing Address
5123 GLENGARRY RD WIMAUMA, FL 33598	5123 GLENGARRY RD WIMAUMA, FL 33598

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
43-3029499
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SISSON, RAYMOND D 5123 GLENGARRY RD. WIMAUMA, FL 33598	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SISSON RAYMOND D JR 5123 GLENGARRY RD. WIMAUMA, FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP1 SMITH, MAYNARD N 5123 GLENGARRY RD. WIMAUMA, FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMSEY, RAYMOND D SR 5123 GLENDGARRY ROAD WIMAUMA, FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRS SISSON, DOROTHY I 5123 GLENGARRY RD. WIMAUMA, FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Raymond D Sisson 4/27/06 813.453.4588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400785971
#P04000125806

SMITH & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS
Professional Association

J. MICHEAL SMITH, C.P.A.

CYNTHIA L. BLACK, C.P.A.

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Members American Institute and Florida Institute of CPAs

April 20, 2006

Mr.Raymond D Sisson, Jr.
Re-Installs, Inc.
5123 Glengarry Road
Wimauma, Fl 33598

Dear Raymond:

Enclosed is the **2006 Uniform Business Report** for the State of Florida. Please file in accordance with the following instructions:

1. Sign and date the return at the bottom of the report, as indicated.

2. Attach your check in the amount of **$150.00** made payable to **Department of State**. Please write your **Charter Number P04000125806** on your check.

3. Mail in the envelope provided, on or before **May 1, 2006** to:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

A copy has been enclosed for your file.

For your protection, we strongly recommend mailing by **Certified Mail, Return Receipt Requested** in order to provide proof of timely filing.

If you should have any questions, please do not hesitate to contact me at my office.

With warm personal regards,

SMITH & ASSOCIATES, CPA's, P.A.

By: _____
J. Micheal Smith, C.P.A.

JMS/clb
Enclosure