

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90047 001 \*\*\*450.00

**66000398**



01242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000132039</b>			
1. Entity Name <b>A-1 EMERGENCY RESTORATION SPECIALISTS, INC.</b>			
Principal Place of Business 1100 N. OSCEOLA AVENUE CLEARWATER, FL 33755		Mailing Address 1100 N. OSCEOLA AVENUE CLEARWATER, FL 33755	
2. Principal Place of Business 1101 Tradewinds Blvd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1778 Suite, Apt. #, etc.	
City & State Largo, FL		City & State Clearwater, FL	
Zip 33773	Country U.S.	Zip 33757	Country U.S.
4. FEI Number 20-1469822		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AUGE, FRANK D</b> 1100 N. OSCEOLA AVENUE CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name <b>Frank Auge</b> Street Address (P.O. Box Number is Not Acceptable) 1101 Tradewinds Blvd. City <b>Largo</b> <b>FL</b> Zip Code <b>33773</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 <u>Frank D Auge</u> DATE <u>1/24/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D AUGE, FRANK D 1100 N. OSCEOLA AVENUE CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 Tradewinds Blvd. Largo, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Frank D Auge</u>		Date <u>1/24/2006</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	