


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**


04-30-2007 90866 049 \*\*\*150.00

<b>DOCUMENT # P04000160320</b>	
1. Entity Name ALL S.W. INSTALLATIONS, INC.	

Principal Place of Business <b>420 N.E. 18TH PLACE CAPE CORAL, FL 33909</b> <i>(Change both)</i> <b>1142 NW 4th Ave Cape Coral, FL 33993</b>	Mailing Address <del>420 N.E. 18TH PLACE CAPE CORAL, FL 33909</del> <b>1142 NW 4th Ave Cape Coral, FL 33993</b>
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2. Principal Place of Business - No P.O. Box # <b>1142 NW 4th Ave</b>	3. Mailing Address <b>1142 NW 4th Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cape Coral, FL</b>	City & State <b>Cape Coral, FL</b>
Zip <b>33993</b>	Zip <b>33993</b>
Country <b>USA</b>	Country <b>USA</b>

	
02142007	Chg-P CR2E034 (12/06)
4. FEI Number <b>33-1106910</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>TAYLOR, TERRANCE 420 N.E. 18TH PLACE CAPE CORAL, FL 33909</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>K. Taylor</i></u> Signature, typed or printed name of registered agent and title if applicable.	SIGNATURE <u><i>Kasey Taylor VP</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>2/12/07</i></u>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, TERRANCE 420 N.E. 18TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1142 NW 4th Ave Cape Coral, FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVIC TAYLOR, TERRANCE J 420 N.E. 18TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, KASEY 420 N.E. 18TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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><i>K. Taylor</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	SIGNATURE: <u><i>Kasey Taylor VP</i></u> DATE <u><i>2/12/07</i></u> DAYTIME PHONE # <u><i>470-4414</i></u>