2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162725

Entity Name: SOCK INSTALLATION SPECIALISTS, INC.

FILED Apr 24, 2006 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	NDER WAY ERRY, FL 327	707					
Current Mailing Address:				New Mailing Address:			
	NDER WAY ERRY, FL 327	707					
FEI Number:	20-1927287	FEI Number Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:		Name and	Address of I	New Registered Agent:	
HAYS, JAMES M 321 OLEANDER WAY CASSELBERRY, FL 32707 US				CORRENTE, CARMEN F 444 SEABREEZE BLVD. 5TH FLOOR DAYTONA BEACH, FL 32118 US			
The above in the State		submits this statement for the p	urpose o	of changing it	s registered o	office or registered agent, or both,	
SIGNATUR	RE: CARMEN	I F CORRENTE	04/24/2006				
Electronic Signature of Registered Agent				Date			
Election Cam	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () HAYS, JAMES 1161 KERSFIE HEATHROW, F	LD CIR.		Title: Name: Address: City-St-Zip:	P (X HAYS, JAMES 1161 KERSFIE HEATHROW, F	ELD CIR.	
Title: Name: Address: City-St-Zip:	s: 724 FLORIDA BLVD.			Title: Name: Address: City-St-Zip:	C (X) Change () Addition KENNEY, JONATHAN 724 FLORIDA BLVD. ALTAMONTE SPRINGS, FL 32701 US		
Title: Name: Address: City-St-Zip:	me: dress:			Title: Name: Address: City-St-Zip:	ST () Change (X) Addition JOHNSON, CHRISTINA 321 OLEANDER WAY CASSELBERRY, FL 32707 US		
Title: Name: Address: City-St-Zip:	()) Delete		Title: Name: Address: City-St-Zip:	CRUIT, EDWIN 321 OLEANDE		
Title: Name: Address: City-St-Zip:	() Delete p:			Title: Name: Address: City-St-Zip:	SHARE, BRAD 321 OLEANDE		

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: JONATHAN KENNEY C 04/24/2006