2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # P04000171129 1. Entity Name STORE INSTALLATION SOLUTIONS, INC.					05-04-2006	5 90198 014 ***1	50.00	
Principal Plac	e of Rusiness	Mailing Address		<u> </u>	4000660) (
10914 NW 46 DRIVE 10914 NW		10914 NW 46 DRIVE CORAL SPRINGS, FL 330	14 NW 46 DRIVE		4000			
2. Principal Place of Business 10274 N.W. 47th St. Suite, Apt. #, etc.								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04222006	Chg-P	CR2E034 (11/05))	
City & Stat		SUNVISE,	EL-	4. FEI Numb		 	applied For	
	Country		Country	20-035		\$9.75 4	lot Applicable	
3336		^{Zip} 33351			of Status Desired	Fee Requir		
6. Name and Address of Current Registered Agent				7. Name and	Address of New I	Registered Agent		
GOLDBERGER, SHOLOM				Name				
10914 NW 46 DR			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS, FL 33076								
			City			FL Zip Co	de	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regi	istered agent, or bo	th, in the State of FI	· - !	n, and accept	
	ions of registered agent.	, ,		_			·	
SIGNATURE.								
		ACCURATE AND ADDRESS.	Decided and the second all seconds are second	And the Alberta St. A.		5475		
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: I	Registered Agent signature req	quired when reinstating)		DATE		
	E NOW!!! FEE !S \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign		\$5.00 May Be Added to Fees		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	CHANGES TO OFF	DATE	RS IN 11	
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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 suppliemental 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, withfall other like empowered.

SIGNATURE:

gernu ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR