2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044554

FILED Jul 17, 2006 Secretary of State

Entity Name: PROFESSIONAL INTERIOR SYSTEMS OF BAY COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 2612 WILLOW OAK COURT 145 TREASURE PALMS DR. PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 US **Current Mailing Address: New Mailing Address:** 2612 WILLOW OAK COURT 145 TREASURE PALMS DR PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 US FEI Number: 20-2567303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ENGLE, ANTHONY ENGLE, ANTHONY 2612 WILLOW OAK COURT 145 TREASURE PALMS DR PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 US US 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. SIGNATURE: 07/17/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ENGLE, ANTHONY ENGLE, ANTHONY Name: Name: 6327 PINETREE AVE. 145 TREASURE PALMS DR Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 32408 US Title: (X) Delete Title: () Change () Addition Name: FLICK, JAMES Name: 4867 HOLMES VALLEY RD. Address: Address: VERNON, FL 32462 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition CHURCH, KENNETH Name: Name: 4867 HOLMES VALLEY RD. Address: Address: City-St-Zip: VERNON, FL 32462 City-St-Zip: Title: (X) Delete Title: () Change () Addition WINTERS, SHANE Name: Name: Address: 8314 HWY 2301 Address: City-St-Zip: YOUNGSTOWN, FL 32466 City-St-Zip:

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: ANTHONY ENGLE P 07/17/2006