2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102727

Entity Name: SUNSTATE INSTALLATIONS, INC.

FILED Jun 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Busines	SS:
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4211 DEVONSHIRE LN
ORLANDO, FL 32812

2818 HARRIET DR
ORLANDO, FL 32812

ORLANDO, FL 32812

Current Mailing Address: New Mailing Address:

4211 DEVONSHIRE LN 2818 HARRIET DR ORLANDO, FL 32812 ORLANDO, FL 32812

FEI Number: 56-2524808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

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: PD () Delete Title: PD (X) Change () Addition Name: BOLING, BRUCE Name: WATTS, JUSTIN

 Address:
 4211 DEVONSHIRE LN
 Address:
 2818 HARRIET DR

 City-St-Zip:
 ORLANDO, FL
 32812
 City-St-Zip:
 ORLANDO, FL
 32812

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 PROUTG, STEPHAN
 Name:
 DANIELS, TOMMY

 Address:
 4211 DEVONSHIRE LN
 Address:
 2818 HARRIET DR

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SCHOENEWALD, KEVIN
 Name:
 THOMAS, CARLY

 Address:
 4211 DEVONSHIRE LN
 Address:
 2818 HARRIET DR

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

Title: T () Delete Title: T (X) Change () Addition

 Name:
 WATTS, JUSTIN
 Name:
 WATTS, JUSTIN

 Address:
 4211 DEVONSHIRE LN
 Address:
 2818 HARRIET DR

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:
 ORLANDO, FL 32812

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: JUSTIN MILLER WATTS P 06/18/2006