2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

DOCUMENT # P05000105975 1. Entity Name F.E.L. INSTALLATIONS, INC.						()5-05-2006 9	00168 009 ***1	50.00
Principal Place of Business Mailing Address									
342 CHUTNEY DR. ORLANDO, FL 32825		342 CHUTNEY DR. Orlando, Fl. 32825					WI 1990 WITH WITH 1100	11 SMIFTI E 172	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			242008	Chg-P	CR2E034 (11/0		
City & State		City & State		4	FEI Number 13-4	130365		Applied For Not Applicable	
Zip	Country	Zip					Status Desired	Fee Req	Additional rired
	6. Name and Address of Curre	ent Registered Agent		Name	7.	Name and A	ddress of New F	Registered Agent	
LECLAIR, FRED E 342 CHUTNEY DR. ORLANDO, FL 32825				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO), FL 32825			·····					
				City	FL Zip Code				
	named entity submits this statementions of registered agent.	at for the purpose of changing its	register	ed office or	registered as	gent, or both,	in the State of Fi	orida. I am familiar w	th, and accept
SIGNATURE.	Signature, typed or printed name of registered ap	pent and title if applicable. (NOT	E: Registere	d Agent signati	are required when o	ensuing)		DATE	
	E NOW!!! FEE 18 \$150.00 by 1, 2006 Fee will be \$55	9. Election Campa G.GG Trust Fund Con		ncing 🔲	\$5.00 i Added to	Vay Be Fees			
10.	,	ND DIRECTORS	11.			DITIONS/C	HANGES TO OFF	FICERS AND DIRECT	
TITLE NAME	D LECLAIR, FRED E	☐ Delete	TITL		ρ			Chan	e Addition
STREET ADDRESS	342 CHUTNEY DR.			ET ADORESS					
CITY-ST-ZIP	ORLANDO, FL 32825		CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	TITLI NAM		V 3		ECTO &	Chan	e Addition
CITY-ST-ZIP			STRE	FT ADORESS	OCU A	US HE	AV CT.	#207	
TITLE				ET ADORESS -ST-ZIP		IND HE MAR		#207	
THEE		Delete		-ST-ZP				#207 82746 [] Chan	je 🔲 Addition
NAME		☐ Delete	CITY TITLI NAM	-ST-ZIP E E				32746	je 🔲 Addition
		☐ Delete	CITY TITLI MAM STRE	-ST-ZP				32746	ye 🔲 Addition
NAME STREET ADDRESS		☐ Delete	CITY TITLI MAM STRE	-ST-ZIP E E ET ADORESS -ST-ZIP				32746	
NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME			CITY HAM STRE CITY HITLI NAM	-ST-ZP E E ET ADORESS -ST-ZP E				32746 □ Chan	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			CITY TITLI NAM STRE CITY TITLI NAM STRE	-ST-ZIP E E ET ADORESS -ST-ZIP				32746 □ Chan	
NAME STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS			CITY TITLI NAM STRE CITY TITLI NAM STRE	-ST-ZP E E ET ADORESS -ST-ZP E E E T ADORESS				32746 □ Chan	ge 🗀 Addition
NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME		☐ Delete	CITY HAM STRE CITY HITL HAM STRE CITY HITL HAM STRE CITY	-ST-ZIP E E E ET ADORESS -ST-ZIP E E E ET ADORESS				3 2 74 6 ☐ Chan ☐ Chan ☐ Chan	ge 🗀 Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE		☐ Delete	CITY TITLL NAME STREE CITY TITLL NAME STREE CITY TITLL NAME STREE	-ST-ZP E E ET ADORESS -ST-ZP E E E -ST-ZP E E E E -ST-ZP E				3 2 74 6 ☐ Chan ☐ Chan ☐ Chan	ge 🗀 Addition
NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS		☐ Delete	CITY TITLL NAME STREE CITY TITLL NAME STREE CITY TITLL NAME STREE	-SI-ZIP E E E E E E T ADDRESS -SI-ZIP E E E E E E E T ADDRESS -SI-ZIP E E E				3 2 74 6 ☐ Chan ☐ Chan ☐ Chan	ge Addition
NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME		☐ Delete	CITY TITLL NAM STRE CITY TITL NAM STRE CITY TITL NAM STRE CITY TITL NAM STRE CITY NAM STRE CITY NAM STRE CITY	-SI-ZIP E E E ET ADORESS -SI-ZIP E E E E ET ADORESS -SI-ZIP E E E E ET ADORESS -SI-ZIP E E E E ET ADORESS				3 2 74 6 ☐ Chan ☐ Chan ☐ Chan ☐ Chan	ge Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME THE STREET ADDRESS THE STREET ADDRESS THE STREET ADDRESS TITLE		☐ Delete	CITY THE	-SI-ZIP E E E E E E T T T T T T T T T T T T T				3 2 74 6 ☐ Chan ☐ Chan ☐ Chan ☐ Chan	ge Addition

12. I hereby certify that the information supplied with this filling 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.

FRED LECLAIR 4-25-06 321-299-3608