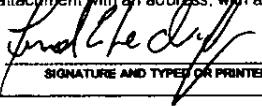


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 08, 2007 8:00 am
Secretary of State**

05-08-2007 90020 035 ***150.00

| | | |
|--|---------|---|
| DOCUMENT # P05000105975 | |  |
| 1. Entity Name F.E.L. INSTALLATIONS, INC. | | |
| Principal Place of Business 342 CHUTNEY DR. ORLANDO, FL 32825 | | Mailing Address 342 CHUTNEY DR. ORLANDO, FL 32825 |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State | | City & State |
| Zip | Country | Zip |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| LECLAIR, FRED E 342 CHUTNEY DR. ORLANDO, FL 32825 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE P NAME LECLAIR, FRED E STREET ADDRESS 342 CHUTNEY DR. CITY-ST-ZIP ORLANDO, FL 32825 | | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE V NAME DE JESUS, HECTOR STREET ADDRESS 954 BIRD BAY CT SUITE 207 CITY-ST-ZIP LAKE MARY, FL 32746 | | <input checked="" type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| 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 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. | | |
| SIGNATURE:  | | FRED LECLAIR 4-27-07 321-299-3606 Signature and Type or Printed Name of Signing Officer or Director Date Daytime Phone # |