


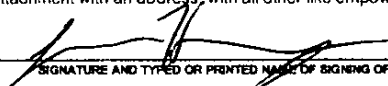


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90346 025 ***150.00

DOCUMENT # P05000148403 1. Entity Name S.W. INSTALLATIONS, INC.					
Principal Place of Business 491 TRINITY AVE ALTAMONTE SPRINGS, FL 32714			Mailing Address 491 TRINITY AVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 612 Dartford Ct.		3. Mailing Address 612 Dartford Ct.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03202006 Chg-P CR2E034 (11/05)	
City & State Debary, FL		City & State Debary, FL		4. FEI Number 20-3743593	
Zip 32713		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, JASON 491 TRINITY AVE ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 612 Dartford Ct. City Debary FL Zip Code 32713	
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:  DATE: 4/11/06 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, JASON 491 TRINITY AVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIBBETTS, ERIC 491 TRINITY AVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 				4/11/06 (322) 321-8111 <small>Date Daytime Phone #</small>	