## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 15, 2007 8:00 am Secretary of State DOCUMENT # P06000064629 02-15-2007 90044 012 \*\*\*158.75 EUROPEAN & AMERICAN INSTALLATION GROUP, INC Principal Place of Business Mailing Address 4561 NW 17TH AVE 4561 NW 17TH AVE TAMARAC, FL 33309 TAMARAC, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSTERMEYER, JOSEF J Street Address (P.O. Box Number is Not Acceptable) 4561 NW 17TH AVE TAMARAC, FL 33309 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ■ Addition TITLE ☐ Delete FITLE OSTERMEYER, JOSEF J NAME NAME 4561 NW 17TH AVE STREET ADDRESS STREET ADDRESS TAMARAC, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-71P City-St-7IP Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZTP 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.

FILED