

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156011

FILED
Sep 14, 2009
Secretary of State

Entity Name: RESIDENTIAL UPGRADES, INC.

Current Principal Place of Business:

303 WEST IDLEWILD AVE.
TAMPA, FL 33604 US

New Principal Place of Business:

4301 SALTWATER BLVD.
TAMPA, FL 33615 US

Current Mailing Address:

303 WEST IDLEWILD AVE.
TAMPA, FL 33604 US

New Mailing Address:

4301 SALTWATER BLVD.
TAMPA, FL 33615 US

FEI Number: 20-8094683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, CHAD A
303 WEST IDLEWILD AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

BULLARD, CHAD A
4301 SALTWATER BLVD.
TAMPA, FL 33615 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

09/14/2009

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:

Title: PTR () Delete
Name: BULLARD, CHAD A
Address: 303 WEST IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33604 US

Title: SEC (X) Delete
Name: BULLARD, JANELLE M
Address: 5916 N. EUSTACE AVE
City-St-Zip: TAMPA, FL 33604 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTR (X) Change () Addition
Name: BULLARD, CHAD A
Address: 4301 SALTWATER BLVD.
City-St-Zip: TAMPA, FL 33615 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHAD BULLARD

Electronic Signature of Signing Officer or Director

PRES

09/14/2009

Date