

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034061

FILED
Apr 29, 2008
Secretary of State

Entity Name: EXPERT INSTALLATIONS, C.T.Z. INC.

Current Principal Place of Business:

381 COURTNEY ST SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

PO BOX 50453
MALABAR, FL 32950

New Mailing Address:

PO BOX 500453
MALABAR, FL 32950

FEI Number: 20-8525291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGDON, CHARLES L
1700 LA MADERIA DR SW
PALM BAY, FL 32908 US

Name and Address of New Registered Agent:

HODGDON, CHARLES L
381 COURTNEY ST SE
PALM BAY, FL 32909 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: CHARLES L HODGDON

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HODGDON, CHARLES L
Address: 381 COURTNEY ST SE
City-St-Zip: PALM BAY, FL 32909

Title: V () Delete
Name: CLEMENS, TIFFANY
Address: 381 COURTNEY ST SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TIFFANY CLEMENS

V

04/29/2008

Electronic Signature of Signing Officer or Director

Date