

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034061

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

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

381 COURTNEY ST SE
PALM BAY, FL 32909

New Principal Place of Business:

3265 HUMMINGBIRD AVE SW
PALM BAY, FL 32908

Current Mailing Address:

PO BOX 500453
MALABAR, FL 32950

New Mailing Address:

3265 HUMMINGBIRD AVE SW
PALM BAY, FL 32908

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
381 COURTNEY ST SE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

HODGDON, CHARLES L
3265 HUMMINGBIRD AVE SW
PALM BAY, FL 32908 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:

05/15/2009

Electronic Signature of Registered Agent

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: 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: PST (X) Change () Addition
Name: HODGDON, CHARLES L
Address: 3265 HUMMINGBIRD AVE SW
City-St-Zip: PALM BAY, FL 32908

Title: V (X) Change () Addition
Name: CLEMENS, TIFFANY
Address: 3265 HUMMINGBIRD AVE SW
City-St-Zip: PALM BAY, FL 32908

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: CHARLES L. HODGDON

PST

05/15/2009

Electronic Signature of Signing Officer or Director

Date