2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000035553

Entity Name: FULL SERVICE INTERIOR SYSTEMS, INC.

Current Principal Place of Business:

23245 HARBORVIEW ROAD
UNIT #B
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

3920 BAL HARBOR BLVD
UNIT E-6
PUNTA GORDA, FL 33950

Current Mailing Address:

23245 HARBORVIEW ROAD
UNIT #B
PORT CHARLOTTE, FL 33980

New Mailing Address:

4156 TWILIGHT CT
OSHKOSH, WI 54904

FEI Number: 90-0360844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LETOURNEAU, MAURICE
23245 HARBORVIEW ROAD
UNIT #B
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

LETOURNEAU, MAURICE
3920 BAL HARBOR BLVD
UNIT E-6
PUNTA GORDA, FL 33950 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: 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LETOURNEAU, MAURICE
Address: 23245 HARBORVIEW ROAD #B
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D ( ) Delete
Name: BAILEY, ALVIN
Address: 23245 HARBORVIEW ROAD #B
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LETOURNEAU, MAURICE
Address: 4156 TWILIGHT CT
City-St-Zip: OSHKOSH, WI 54904

Title: D (X) Change ( ) Addition
Name: LETOURNEAU, NORRINE
Address: 4156 TWILIGHT CT
City-St-Zip: OSHKOSH, WI 54904

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: MAURICE LETOURNEAU D 04/30/2009
Electronic Signature of Signing Officer or Director — Date