2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092559

FILED Apr 27, 2009 Secretary of State

Entity Nan	ne: A UNIQUE	INSTALLATION FIRM, INC.			
Current Pr	incipal Place o	of Business:	New Principal Place	New Principal Place of Business:	
452 WOOD ALTAMON) ROSE LN. TE SPRINGS, F	FL 32714			
Current Ma	ailing Address	:	New Mailing Address	New Mailing Address:	
452 WOOD ALTAMON) ROSE LN. TE SPRINGS, F	FL 32714			
FEI Number:	26-3529348	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CLARKE, LETROY 452 WOOD ROSE LN. ALTAMONTE SPRINGS, FL 32714 S				CLARKE, LETROY 452 WOOD ROSE LN. ALTAMONTE SPRINGS, FL 32714 US	
The above in the State		ibmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E: LETROY C	LARKE		04/27/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Carr	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CLARKE, LETRO 452 WOOD ROS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CLARKE, SOPHE 452 WOOD ROS		Title: Name: Address: Citys St. Zip:	() Change () Addition	

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: LETROY CLARKE PTD 04/27/2009