

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000040169

**Entity Name:** ALL SIDING EXPERTS, INC.**FILED**  
**Sep 28, 2005**  
**Secretary of State****Current Principal Place of Business:**4755 HERTON DR  
JACKSONVILLE, FL 32258**New Principal Place of Business:****Current Mailing Address:**4755 HERTON DR  
JACKSONVILLE, FL 32258**New Mailing Address:**

FEI Number: 59-3246271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MOSKAL, MALGORZATA  
4755 HERTON DR  
JACKSONVILLE, FL 32258 US**Name and Address of New Registered Agent:**

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

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: MOSKAL, JOZEF J  
Address: 4755 HERTON DR  
City-St-Zip: JACKSONVILLE, FL 32258Title: D ( ) Delete  
Name: MOSKAL, MALGORZATA  
Address: 4755 HERTON DR  
City-St-Zip: JACKSONVILLE, FL 32258Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D ( ) Change (X) Addition  
Name: MOSKAL, DANIEL G  
Address: 4755 HERTON  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MALGORZATA MOSKAL

D

09/28/2005

Electronic Signature of Signing Officer or Director

Date