2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074207

Entity Name: U.S. INSTALLATION GROUP INC.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	•			
951 BROK SUITE 100	(EN SOUND PK)	WY		
BOCA RA	TON, FL 33487	US		
Current Mailing Address:			New Mailing Address:	
690 YAMA SUITE 430 BOCA RA		US		
FEI Number:	: 65-0974948	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	s of New Registered Agent:
ONE BISC 2 SOUTH	PORATE SERV AYNE TOWER, BISCAYNE BLV 33131 US	21ST FL		
	named entity sue of Florida.	ubmits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,
SIGNATUR	RE:			
		Signature of Registered Age	ent	Date
Election Car	npaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DELUCA, BRUCE	D ROAD STE 4129	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SPAIN, BERNAR	D ROAD STE 4129	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WHITE, TONY	Delete D ROAD STE 4129 L 33431 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DS () E QUAINTANCE, JO C/O 690 YAMATO BOCA RATON, F	DHN W D ROAD STE 4129	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DELUCA, GENNA	D ROAD STE 4129	Title: Name: Address: City-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: BRUCE DELUCA PRES 01/28/2009