2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162484

FILED Jul 13, 2006 Secretary of State

Entity Name: LIFETIME SHUTTER SOLUTIONS INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	NNON WAY .M BEACH, FL	33415	840 13TH S SUITE 27-3 LAKE PAR			
Current Mailing Address:			New Mailii	New Mailing Address:		
	516 D. CANNON WAY VEST PALM BEACH, FL 33415		SUITE 27-3	840 13TH ST SUITE 27-30 LAKE PARK, FL 33403		
FEI Number:	90-0252971	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	Y L NNON WAY .M BEACH, FL	33415 US				
The above in the State	named entity ຣເ of Florida.	bmits this statement for the pu	rpose of changing it	s registered o	ffice or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent Date						
		2)(b), F.S., the corporation did not i Trust Fund Contribution ().	eceive the prior notice	э.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E KELLY, JAY L 5516 D. CANNON WEST PALM BEA		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E DELAGADO, SAN 5516 D. CANNON WEST PALM BEA	I WAY	Title: Name: Address: City-St-Zip:	DELAGADO, SA 4256 SOUTH M		
Title: Name: Address: City-St-Zip:	GRIFFIS, FRED (5516 D. CANNON	I WAY	Title: Name: Address: City-St-Zip:	GRIFFIS, FREE 9345 GREEN M	Change () Addition CO IEADOWS WAY GARDENS, FL 33418	
Title: Name: Address: City-St-Zip:	D () E KIST, RICHARD 5516 D. CANNON WEST PALM BEA		Title: Name: Address: City-St-Zip:	D (X) KIST, RICHARD 12234 150TH C JUPITER, FL 3	OURT NORTH	
Title: Name: Address: City-St-Zip:	D () E FETTY, JAY 5516 D. CANNON WEST PALM BEA		Title: Name: Address: City-St-Zip:	D (X) FETTY, JAY 8396 DIANE ST HOBE SOUND,		

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY KELLY PD 07/13/2006