2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

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Entity Name: SUN & STORM PROTECTION, LLC

Current Principal Place of Business:

8657 TOURMALINE BLVD.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

1433 W. BROOME ST.
LANTANA, FL 33462

Current Mailing Address:

8657 TOURMALINE BLVD.
BOYNTON BEACH, FL 33437

New Mailing Address:

301 HENREDON RD.
MORGANTON, NC 28655

FEI Number: 20-4429931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, JUDY A MGR
8657 TOURMALINE BLVD
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

PEREZ, JUDY A MGR
1433 W. BROOME ST.
LANTANA, FL 33462 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: JUDY PEREZ 03/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MS. ( ) Delete
Name: PEREZ, JUDY A MGRM
Address: 8657 TOURMALINE BLVD
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS. (X) Change ( ) Addition
Name: PEREZ, JUDY A MGRM
Address: 1433 W. BROOME ST.
City-St-Zip: LANTANA, FL 33462 US

Title: MR. ( ) Change (X) Addition
Name: PORTER, JAMES A MGRM
Address: 301 HENREDON RD
City-St-Zip: MORGANTON, NC 28655

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUDY PEREZ MS. 03/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date