2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # L22791 MAJOR CANVAS AWNINGS, INC. Principal Place of Business Mailing Address 460 N.W. CONCOURSE PLACE 460 N.W. CONCOURSE PLACE STE 9 STE 9 PORT SAINT LUCIE, FL 34986 PORT SAINT LUCIE, FL 34986 CR2E034 (11/05) 04032006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0102508 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent GIANINO, PETER DO NOT WRITE 38 E OCEAN BOULEVARD **STUART, FL 34994** IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if epolicable (NOTE: Registered Agent signature required when reinstaling) U00000493493 U4/2U/U6-80003-001 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. NAME RUHSTRAT, DIETER STREET ADDRESS 1122 SW SWAN LAKE CIR CITY-ST-ZIP PORT ST LUCIE, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CTTY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutas. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an afficer 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED