2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L22791

1. Entity Name

MAJÓR CANVAS AWNINGS, INC.



FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

460 N.W. CONCOURSE PLACE

STE 9

PORT SAINT LUCIE, FL 34986

Mailing Address

460 N.W. CONCOURSE PLACE

STE 9

DO NOT WRITE IN THIS SPACE

PORT SAINT LUCIE, FL 34986 US

02152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0102508 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIANINO, PETER 38 E OCEAN BOULEVARD STUART, FL 34994

DO NOT WRITE 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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Financin Trust Fund Contribution. 	9 🗆	\$5.00 May Be Added to Fees	000000645232 03/02/07-80075-018 150.00
10. OFFICERS AND DIRECTORS					<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RUHSTRAT, DIETER 1122 SW SWAN LAKE CIR PORT ST LUCIE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN THIS SPACE		

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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 TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2007

772.336-9500

Daytime Phone #