

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97672

FILED
Feb 18, 2009
Secretary of State

Entity Name: CALIFORNIA SHUTTERS, INC.

Current Principal Place of Business:

16480-92 NW 48TH AVE
HIALEAH, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

16480-92 NW 48TH AVE
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: 65-0077567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUMMINS, MARLISE
16480-92 NW 48TH AVE
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SALOMON, ANA,
Address: 1504 NW 183 TERR
City-St-Zip: PEMBROKE PINES, FL

Title: PD () Delete
Name: SALOMON, EDMOND JR.
Address: 9545 S.W. 25 CT.
City-St-Zip: MIRAMAR, FL 33029

Title: TD () Delete
Name: CUMMINS, MARLISE S.,
Address: 16901 SW 63RD MANOR
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: VD () Delete
Name: CUMMINS, GEORGE,
Address: 16901 SW 63RD MANOR
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANA SALOMON

CD

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date