2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90310 016 ***150.00

DOCUMENT # P00000031470

1. Entity Name
BREVARD SHUTTERS INC.

Principal Place of Business	Mailing Address
193 EMERSON DR., NW PALM BAY, FL 32907	193 EMERSON DR., NW PALM BAY, FL 32907

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1721 Flamevine Place	1721 Flamevine Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valkaria, FL	City & State: Valkaria, FL
Zip: 32950 Country: US	Zip: 32950 Country: US

4. FEI Number: 59-3631456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROWE, BOYD
193 EMERSON DR., NW
PALM BAY, FL 32907

7. Name and Address of New Registered Agent
Name: Boyd Rowe
Street Address (P.O. Box Number is Not Acceptable): 1721 Flamevine Place
City: Valkaria FL Zip Code: 32950

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: Boyd Rowe Boyd Rowe Reg Agent DATE: 4/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROWE, BOYD 193 EMERSON DR NW PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rowe, Boyd 1721 Flamevine Place Valkaria FL 32950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROWE, MARIA 193 EMERSON DRIVE NW PALM BAY, FL 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Rowe, Maria 1721 Flamevine Place Valkaria FL 32950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Boyd Rowe Boyd Rowe Pres 4/13/05 (321) 409-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #