


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90474 002 ***150.00

DOCUMENT # P00000031470 1. Entity Name BREVARD SHUTTERS INC.					
Principal Place of Business 1721 FLAMEVINE PLACE VALKARIA, FL 32950			Mailing Address 1721 FLAMEVINE PLACE VALKARIA, FL 32950		
2. Principal Place of Business 3055 Dixie Highway NE			3. Mailing Address 3055 Dixie Highway NE		
Suite, Apt. #, etc. Unit A			Suite, Apt. #, etc. Unit A		
City & State Palm Bay, FL			City & State Palm Bay, FL		
Zip 32905		Country Brevard		4. FEI Number 59-3631456	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROWE, BOYD 1721 FLAMEVINE PLACE VALKARIA, FL 32950				7. Name and Address of New Registered Agent Name Rowe, Boyd Street Address (P.O. Box Number is Not Acceptable) 3055 Dixie Highway NE Unit A City Palm Bay FL Zip Code 32905	
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 <u><i>Boyd Rowe</i></u> Boyd Rowe, Reg. Agent 04/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 1721 FLAMEVINE PLACE VALKARIA, FL 32950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rowe, Boyd 3055 Dixie Highway NE, Unit A Palm Bay, Florida 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROWE, MARIA 1721 FLAMEVINE PLACE VALKARIA, FL 32950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Rowe, Maria 3055 Dixie Highway NE, Unit A Palm Bay, Florida 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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: <u><i>Boyd Rowe</i></u>			Boyd Rowe, Director 04/14/06 321-984-0265 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		

50017499



04142006 Chg-P CR2E034 (11/05)