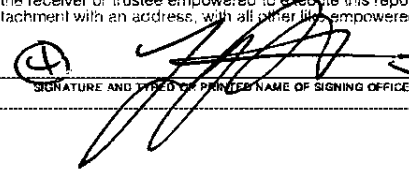


2006 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 013 ***150.00

DOCUMENT # P00000079813 1. Entity Name INNOVATIVE ENCLOSURES, INC.					
Principal Place of Business 12290 METRO PKWY FORT MYERS, FL 33912			Mailing Address 12290 METRO PKWY FORT MYERS, FL 33912		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01252006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 65-1038943	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLOTTO, JOSEPH A 1101 NW 14TH STREET 17160 Primavera Circle CAPE CORAL, FL 33909				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-statuting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$950.00			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	P POLOTTO, JOSEPH A 1101 NW 14TH STREET CAPE CORAL, FL 33993	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17160 Primavera Circle Cape Coral, FL 33909	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZELLER, ALBERT O 510 SE 8TH ST CAPE CORAL, FL 33990	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sam J Polotto 2704 SW 31st Lane Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFB Florence B. Polotto 17160 Primavera Circle Cape Coral, FL 33909	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Change ☐ 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:  JOSEPH A. POLOTTO 1/26/06 (235) 707-9125					