


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000091876</b> 1. Entity Name <b>DIVERSIFIED SHUTTER SALES, INC.</b>		
Principal Place of Business <b>7860 W. 25 TH AVE HIALEAH, FL 33016</b>	Mailing Address <b>C/O DOUGLAS W. BIGGERS 526 ALLENDALE RD KEY BISCAYNE, FL 33149</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> <span>01122006</span> <span>No Chg-P</span> <span>CR2E034 (11/05)</span> </div>		
4. FEI Number <b>65-1045299</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MAIER, GERALD 19430 NW 6TH STREET HOLLYWOOD, FL 33029</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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>W. B. Biggers</i></u> (NOTE: Registered Agent signature required when re-registering) DATE: _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD TARANTINO, NICK 7382 BIG CYPRESS CT. MIAMI, FL 33016</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD MAIER, GERALD 19430 NW 6TH ST. PEMBROKE PINES, FL 33029</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BUZZELLA, DAVID R 4884 COURTLAND LOOP WINTER SPRINGS, FL 32708</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPDS MAIER, GERALD 19430 NW 6TH STREET HOLLYWOOD, FL 33029</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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>W. B. Biggers</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: _____		Daytime Phone #: _____

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02/10/06-80015-015 150.00

**DO NOT WRITE  
IN THIS SPACE**