2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P01000006455 04-23-2004 90192 004 ***150 00 AFFORDABLE WINDSHIELDS PLUS GLASS & MIRRORS INC. Principal Place of Business Mailing Address 851 MONTEREY ROAD STUART FD 34994 851 MONTEREY ROAD STUART 56 34994 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number 65-1091771 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIGGINS, MELANIE Street Address (P.O. Box Number is Not Acceptable) 951 SE MONTEREY RD STUART PL 34994 City Zip Code FL 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 DATE Supporture, typed or printed name of registered appell and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete NAME ZYSK, TIMOTHY Hyper 50 5804 SW Woodk STREET ADDRESS 951-8E-MONTEREY ROAD STREET ADDRESS STUART FL 34994 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HICOMIS, MELANIE NAME STREET ADDRESS 851-92 MONTEREY RD STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE (gut marrieb) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

FILED