2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# P01000018569

Entity Name: AWNINGS UNLIMITED OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

102 S KAOLIN ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

4730 OAK ST
FRUITLAND PARK, FL 34731

New Mailing Address:

PO BOX 490034
LEESBURG, FL 34749-003 US

FEI Number: 59-3697417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOFIELD, CHERYL A
102 S KAOLIN ST
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHOFIELD, JAMES T
Address: 4730 OAK ST
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VSTD ( ) Delete
Name: SCHOFIELD, CHERYL A
Address: 4730 OAK ST
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL A SCHOFIELD SEC 02/24/2008

Electronic Signature of Signing Officer or Director — Date