2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056098

FILED Apr 25, 2006 Secretary of State

Entity Name: GOLD COAST SHUTTER MANUFACTURING INC.

Current Principal Place of Business:		New Principal Place of Business:		
5900 SW (DAVIE, FL	44 STREET . 33314			
Current Mailing Address:		New Mailing Address:		
5900 SW (DAVIE, FL	44 STREET . 33314			
El Number	: 65-1122611	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address o	f New Registered Agent:
11681 SW	, MICHAEL / 3 ST ION, FL 33325	US		
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
	e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
n the Stat	e of Florida. [*] RE:	ubmits this statement for the positions of Registered Ag		d office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. ÉRE: Electronio			
n the Stat SIGNATU Election Ca	e of Florida. ÉRE: Electronio	c Signature of Registered Agr	ent	
n the Stat SIGNATU	e of Florida. RE: Electronic mpaign Financing S AND DIRECT	C Signature of Registered Ag Trust Fund Contribution (). ORS: Delete AEL	ent	Date
n the Stat BIGNATU Election Ca DFFICER Title: Name: Address:	e of Florida. RE: Electronic mpaign Financing S AND DIRECT D ()I COOPER, MICHA 11681 SW 3 ST PLANTATION, FL	C Signature of Registered Agricust Fund Contribution (). ORS: Delete AEL . 33325 Delete IN RACE	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL COOPER D 04/25/2006