

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010234

FILED
Feb 11, 2008
Secretary of State

Entity Name: GALEFORCE HURRICANE SHUTTERS INC.

Current Principal Place of Business:

7658 S US I
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

1429 SE VILLAGE GREEN DRIVE
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

189 N CAPRONA AVE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

1429 SE VILLAGE GREEN DRIVE
PORT SAINT LUCIE, FL 34952

FEI Number: 01-0579031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTINO, ANTHONY
189 N CAPRONA AVE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

ALTINO, ROBERT
5811 NW BLUE BONNET COURT
PORT SAINT LUCIE, FL 34986 US

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: ROBERT ALTINO

02/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALTINO, ANTHONY
Address: 189 N CAPRONA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP () Delete
Name: ALTINO, ROBERT
Address: 189 N CAPRONA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ST (X) Delete
Name: ALTINO, EMANUELA
Address: 189 N CAPRONA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ALTINO, ROBERT
Address: 5811 NW BLUE BONNET COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: ROBERT ALTINO

VP

02/11/2008

Electronic Signature of Signing Officer or Director

Date