

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90158 012 ***158.75

DOCUMENT # P02000071549 1. Entity Name USA SEAMLESS GUTTERS, INC.					
Principal Place of Business 1201 STRIMENOS LANE LEESBURG, FL 34748			Mailing Address 1201 STRIMENOS LANE LEESBURG, FL 34748		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03052006 Chg-P CR2E034 (11/05)	
4. FEI Number 45-0481137				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent URIDEL, LOREN 1201 STRIMENOS LANE LEESBURG, FL 34748	
7. Name and Address of New Registered Agent Name: <u>Michael C. Norvell PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>1410 Emerson St.</u> <u>Leesburg</u> City: <u>Leesburg</u> State: <u>FL</u> Zip Code: <u>34748</u>				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>[Signature]</u> DATE: <u>03/07/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P <input type="checkbox"/> Delete URIDEL, DOUGLAS C 1201 STRIMENOS LANE LEESBURG, FL 34748		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 1 st Vice President Steve Powell 1201 Strimenos Ln Leesburg, FL 34748		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete 2 nd Vice President Bill Hardaway 30602 Orange Dr. Leesburg, FL 34748		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete Secretary Loren Uridel 36210 Springlake Blvd. Fruitland Park, FL 34731		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete Treasurer Victoria Uridel 1201 Strimenos Ln Leesburg FL 34748		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>[Signature]</u> VICTORIA URIDEL 3-6-06 352 728 4090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					