

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121344

FILED
Jan 19, 2009
Secretary of State

Entity Name: AAFORDABLE EXTERIORS, INC.

Current Principal Place of Business:

202 N.E. 24 AVE
CAPE CORAL, FL 33909

New Principal Place of Business:

848 SW 12TH TERRACE
CAPE CORAL, FL 33991

Current Mailing Address:

P.O. BOX 150459
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 02-0652518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRYKUL, DAVID J
202 N.E. 24 AVE
CAPE CORAL, FL 33909 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: D () Delete
Name: STEPHENS, REBECCA M
Address: 202 N.E. 24 AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: V (X) Delete
Name: GOSNELL, DAWNE M
Address: 213 VANDALIA ST
City-St-Zip: LAPAZ, IN 46537

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEPHENS, REBECCA M
Address: 848 SW 12TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

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: REBECCA M. STEPHENS

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date