

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124399

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PRECISION SHUTTER SYSTEMS, INC.

## Current Principal Place of Business:

623 NW BUCK HENDRY WAY  
STUART, FL 34994

## New Principal Place of Business:

629 NW BUCK HENDRY WAY  
STUART, FL 34994

## Current Mailing Address:

623 NW BUCK HENDRY WAY  
STUART, FL 34994

## New Mailing Address:

629 NW BUCK HENDRY WAY  
STUART, FL 34994

FEI Number: 30-0127928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHANDLER, AARON J  
623 NW BUCK HENDRY WAY  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

CHANDLER, AARON J  
629 NW BUCK HENDRY WAY  
STUART, FL 34994 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: AARON CHANDLER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: CHANDLER, JENNIFER M  
Address: 623 NW BUCK HENDRY WAY  
City-St-Zip: STUART, FL 34994

Title: PD ( ) Delete  
Name: CHANDLER, AARON J  
Address: 623 NW BUCK HENDRY WAY  
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete  
Name: CHANDLER, LYLE K  
Address: 623 NW BUCK HENDRY WAY  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: CHANDLER, JENNIFER M  
Address: 629 NW BUCK HENDRY WAY  
City-St-Zip: STUART, FL 34994

Title: PD (X) Change ( ) Addition  
Name: CHANDLER, AARON J  
Address: 629 NW BUCK HENDRY WAY  
City-St-Zip: STUART, FL 34994

Title: SD (X) Change ( ) Addition  
Name: CHANDLER, LYLE K  
Address: 629 NW BUCK HENDRY WAY  
City-St-Zip: STUART, FL 34994

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: AARON CHANDLER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date