2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Mar 14, 2006 8:00 am DOCUMENT # P02000129283 Secretary of State 03-14-2006 90016 037 ***158.75 COASTAL SHUTTER SYSTEMS, INC. Mailing Address Principal Place of Business 8500 NW 72ND ST. MIAMI FL 33166 8500 NW 72ND ST. MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 32-0048938 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAREY, MICHAEL R 3605 OAKWOOD COURT an Juan PANAMA CITY BEACH FL 32408 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bother in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 qq■ Addition TITLE ☐ Delete TITLE BUCHHOLZ, TORSTEN 85 NW 72 ND STRET MIAMI FI 33166 NAME CAREY, MICHAEL R NAME STREET ADDRESS STREET ADDRESS 3605 OAKWOOD COURT CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete TITLE Change ☐ Addition TITLE CAREY MICHAEL R 3605 CAK WOOD COURT BUCHOLZ, TORSTEN NAME NAME STREET ADDRESS STREET ADDRESS 8500 NW 72ND ST. FI 32408 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Notets TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete → Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 which other like empowered.

FILED