

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90228 011 ***158.75

DOCUMENT # P03000031053 1. Entity Name PREMIER WALL SYSTEMS INC																					
Principal Place of Business C/O MICHAEL J CAPPELLO 1662 SW CARILLO AVE PT ST LUCIE, FL 34953		Mailing Address C/O MICHAEL J CAPPELLO 1662 SW CARILLO AVE PT ST LUCIE, FL 34953																			
2. Principal Place of Business 1662 SW CARILLO AVENUE		3. Mailing Address 1662 SW CARILLO AVENUE																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																			
City & State PORT ST. LUCIE, FL.		City & State PORT ST. LUCIE, FL.																			
Zip 34953		Zip 34953																			
Country USA		Country USA																			
4. FEI Number 58-2671057		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04202004 Chg-P CR2E034 (10/03)																			
6. Name and Address of Current Registered Agent CAPPELLO, MICHAEL J 1662 SW CARILLO AVE PT ST LUCIE, FL 34953		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																			
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: <i>Michael Capello, President</i> DATE: <i>2/29/04</i> <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, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Pres./Director OFFICER</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MICHAEL J. CAPPELLO</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1662 SW CARILLO AVENUE</td> </tr> <tr> <td></td> <td>PORT ST. LUCIE, FL. 34953</td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	Pres./Director OFFICER	STREET ADDRESS	MICHAEL J. CAPPELLO	CITY-ST-ZIP	1662 SW CARILLO AVENUE		PORT ST. LUCIE, FL. 34953
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael Capello, President</i> DATE: <i>2/29/04</i> (772) 582-8415 (772) 871-5260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					