2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CHY-ST-ZIP

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P03000052398 ARMADA WINDOW TINTING & SERVICES INC. Mailing Address Principal Place of Business 2690 SW 15TH ST 2690 SW 15TH ST DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 No Chg-P CR2E034 (11/05) 03152006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1563845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent MEJIA, EDWIN R DO NOT WRITE 2690 SW 15TH ST DEERFIELD BEACH, FL 33442 IN THIS SPACE 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. Signature, typed or printed name of registered egent and title if applicable DATE [NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MEJIA, EDWIN R MAME STREET ADDRESS 2690 SW 15TH ST CITY-ST-ZIP DEERFIELD BEACH, FL 33442 U00000497061 04/22/06-80038-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 7271 F IN THIS SPACE NAME STREET ADDRESS CITY-S7-2/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

12. I hereby certify that the information supplied with this filling 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED