2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P03000093481

Entity Name: IMPACT HURRICANE SHUTTERS, INC.

Current Principal Place of Business:

6900 TOWN HARBOUR BLVD #2822
BOCA RATON, FL 33433

New Principal Place of Business:

1700 LATHAM RD.
SUITE #3
WEST PALM BEACH, FL 33409

Current Mailing Address:

6900 TOWN HARBOUR BLVD #2822
BOCA RATON, FL 33433

New Mailing Address:

1700 LATHAM RD.
SUITE #3
WEST PALM BEACH, FL 33409

FEI Number: 20-0178917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145 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: PSTD ( ) Delete
Name: SAAVEDRA, DANIEL
Address: 6900 TOWN HARBOUR BLVD
City-St-Zip: BOCA RATON, FL 33433

Title: SEC ( ) Delete
Name: POLO, YILDRED
Address: 6900 TOWN HARBOUR BLVD
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: SAAVEDRA, DANIEL
Address: 6779 ALISO AVE.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VCPD (X) Change ( ) Addition
Name: SAAVEDRA, YILDRED
Address: 6779 AL;ISO AVE
City-St-Zip: WET PALM BEACH, FL 33413

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YILDRED SAAVEDRA VCPD 04/27/2005

Electronic Signature of Signing Officer or Director — Date