## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000123925

Title:

Name:

Address:

City-St-Zip:

· AFFORDABLE GLITTERS BY KYLE MULDER INC

FILED Mar 10, 2005 Secretary of State

Entity Name: AFFORDABLE GUTTERS BY KYLE MULDE	R, INC.
Current Principal Place of Business:	New Principal Place of Business:
146 PONDELLA RD N FT MYERS, FL 33903	1318 LAUREL DR N FT MYERS, FL 33917
Current Mailing Address:	New Mailing Address:
146 PONDELLA RD N FT MYERS, FL 33903	1318 LAUREL DR N FT MYERS, FL 33917
FEI Number: 32-0098071 FEI Number Applied For ( ) FE	El Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MULDER, KYLE 146 PONDELLA RD N FT MYERS, FL 33903 US	MULDER, KYLE 1318 LAUREL DR N FT MYERS, FL 33917 US
The above named entity submits this statement for the purpoin the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE:	03/10/2005
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title:         D ( ) Delete           Name:         MULDER, KYLE           Address:         15811 JADE CT N           City-St-Zip:         N FT MYERS, FL 33917	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         D ( ) Delete           Name:         LAYNE, COLLIN           Address:         1417 NE 15 TER           City-St-Zip:         CAPE CORAL, FL 33909	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:         D         ( ) Delete           Name:         MULDER, NEIL           Address:         1829 SE 2 TER           City-St-Zip:         CAPE CORAL, FL 33990	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRI MULDER MRS. 03/10/2005

() Delete

NORTH FORT MYERS, FL 33917

RULDER, SHERRI

5645 FOXLAKE DR.

(X) Change ( ) Addition

MULDER, SHERRI

5645 FOXLAKE DR.

NORTH FORT MYERS, FL 33917