
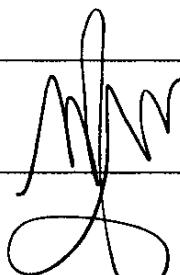
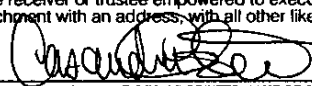


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000127443</b> 1. Entity Name <b>A+ SEAMLESS GUTTERS INC.</b>						07 MAY 2007 PM 1:53  SEAL OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>14867 SW 104TH STREET</b> <b>#14</b> <b>MIAMI, FL 33196 US</b>				Mailing Address <b>14867 SW 104TH STREET</b> <b>#14</b> <b>MIAMI, FL 33196 US</b>			
2. Principal Place of Business - No P.O. Box # <b>13765 SW 147th</b>				3. Mailing Address <b>13765 SW 147th Circle</b>			
Suite, Apt. #, etc. <b>Circle lane #3</b>				Suite, Apt. #, etc. <b>lane #3</b>			
City & State <b>Miami FL</b>				City & State <b>Miami FL</b>			
Zip <b>33186</b>		Country <b>USA</b>		Zip <b>33186</b>		Country <b>USA</b>	
4. FEI Number <b>45-0526820</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BUENO, FRANCISCO</b> <b>14867 SW 104TH STREET</b> <b>#14</b> <b>MIAMI, FL 33196</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>13765 SW 147th Circle lane #3</b> City <b>Miami FL</b> Zip Code <b>33186</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BUENO, FRANCISCO</b> <input type="checkbox"/> Delete <b>14867 SW 104TH STREET #14</b> <b>MIAMI, FL 33196</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13765 SW 147th Circle lane #3</b> <b>Miami FL 33186</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>CASTRO, CASANDRA</b> <input type="checkbox"/> Delete <b>14867 SW 104TH STREET #14</b> <b>MIAMI, FL 33196</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13765 SW 147th Circle lane #3</b> <b>Miami FL 33186</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500104261255</b> <b>06/12/07--01025--011 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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.							
<b>SIGNATURE:</b> 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	