2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attach-

SIGNATURE:

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SI

ALE MORROW

Feb 02, 2006 8:00 am Secretary of State DOCUMENT # P03000145155 02-02-2006 90039 008 ***150.00 ADVANCED SCREEN ENCLOSURES, INC. Principal Place of Business Mailing Address 109 FRUITWOOD AVE. 109 FRUITWOOD AVE. EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 52-2436923 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORROW, DALE E . Street Address (P.O. Box Number is Not Acceptable) 109 FRUITWOOD AVE. EUSTIS, FL 32726 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition MORROW, DALE E NAME NAME STREET ADDRESS 109 FRUITWOOD AVE. STREET ADDRESS EUSTIS, FL 32726 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

(35z) 357-9946

Daytime Phone #

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