

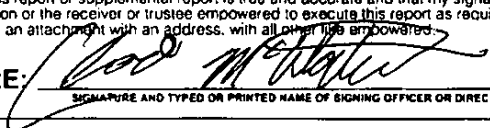


**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90105 015 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000151548</b>		
1. Entity Name SUNCOAST GARAGE DOOR SERVICES, INC.		
Principal Place of Business 8415 US1, SOUTH ST. AUGUSTINE, FL 32086 US		Mailing Address 8415 US1, SOUTH ST. AUGUSTINE, FL 32086 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01162007 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-0477285 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MC WHORTER, CHAD W 8415 US1, SOUTH ST. AUGUSTINE, FL 32086		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MC WHORTER, CHAD W 8415 US1, SOUTH ST. AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CANADA, JOYCE Y 8415 US1, SOUTH ST. AUGUSTINE, FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other fees empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____