
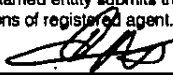
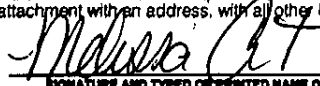


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P03000152554		
1. Entity Name PATRIOT SCREENS, INC.		
Principal Place of Business 4206 COATS RD ZEPHYRHILLS, FL 33541 US		Mailing Address P. O. BOX 693 ZEPHYRHILLS, FL 33539 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRIST, CURTIS 4206 COATS RD ZEPHYRHILLS, FL 33541		DO NOT WRITE IN THIS SPACE
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 reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CRIST, CURTIS	
STREET ADDRESS	4206 COATS RD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	V	
NAME	CRIST, MELISSA	
STREET ADDRESS	4206 COATS RD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
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 like empowered.		
SIGNATURE:  Melissa Crist		3-4-08 813788-4651 <small>Date Daytime Phone #</small>



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0505513	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U000000851685
03/25/08-80050-014-158.75

**DO NOT WRITE
IN THIS SPACE**