2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2006 08:00 Al DOCUMENT # P03000154782 **Secretary of State** 1. Entity Name WEST COAST SEAMLESS RAIN GUTTER, INC. Principal Place of Business Mailing Address 1810 SAVONA PKWY. 1810 SAVONA PKWY. CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1901382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISHER, LEIGH M DO NOT WRITE 1505 S.E. 40TH ST., STE. B CAPE CORAL, FL 33904 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. INOTE, Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campalon Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΠ TITLE TRUDEL, JEANNOT NAME 1810 SAVONA PKWY. STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP UU00000476236 TITLE TRUDES, JEANNOT NAME STREET ADDRESS 1810 SAVONA PKWY. CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE FREED, RICHARD NAME STREET ADDRESS 909 ARCHER PKY DO NOT WRITE CITY-ST-71P CAE CORAL, FL 33904 IN THIS SPACE TITLE NAME LARSON, CLAYTON STREET ADDRESS 1629 NE 6TH ST CRY-ST-ZIP CAPE CORAL, FL 33909 TIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not quality 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: ___

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

3-19-06

Daytime Phone #

FILED