2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P04000009009

Entity Name: CUSTOM SCREEN ENCLOSURES, INC

Current Principal Place of Business:

19921 N.W. 190TH AVE.
HIGHSPRINGS, FL 32643

New Principal Place of Business:

225 E. ANDREWS ST.
STARKE, FL 32091

Current Mailing Address:

19921 N.W. 190TH AVE.
HIGHSPRINGS, FL 32643

New Mailing Address:

225 E. ANDREWS ST.
STARKE, FL 32091

FEI Number: 20-0598634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, JASON S
19921 N.W. 190TH AVE.
HIGHSPRINGS, FL 32643 US

Name and Address of New Registered Agent:

LEWIS, JASON S
1430 E. CALL ST.
STARKE, FL 32091 US

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.

SIGNATURE: 04/17/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, JASON S
Address: 19921 N.W.190TH AVE.
City-St-Zip: HIGHSPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEWIS, JASON S
Address: 1430 E. CALL ST.
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON LEWIS PRES 04/17/2006
Electronic Signature of Signing Officer or Director — Date