2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 07, 2006 8:00 am Secretary of State

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	04-07-2006 90039 049 ***150.00

DAVIS SCREEN, INC. Mailing Address Principal Place of Business 50010052 5107 PINE TREE DRIVE 5107 PINE TREE DRIVE DFLRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 52-2469944 Not Applicable Zip Country Zip 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!!, FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST : TITLE ☐ Delete TITLE ☐ Change ■ Addition DAVIS, GREGORY L NAME NAME 5107 PINE TREE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DAVIS, GREGORY L NAME STREET ADDRESS 5107 PINE TREE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH, FL 33484 Change v ☐ Delete TITLE ☐ Addition TITLE MYERS, TIM MYERS, TIM NAME NAME 5107 PINE TREE DRIVE STREET ADDRESS 1215 SÉAVIEW STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP NORTH LAUDER DALE FL 33068 ☐ Addition Detete ☐ Change TITLE TM F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY & DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICE OR DIRECTOR

4-2-06 56 1-2502-3021

Date Daytime Phone 8