2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032881

Entity Name: ALBY'S GARAGE DOOR SERVICE, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P O BOX 771894 10028 PORTOFINO DRIVE ORLANDO, FL 32877 0RLANDO, FL 32832

Current Mailing Address: New Mailing Address:

P O BOX 771894 ORLANDO, FL 32877

FEI Number: 20-0750422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PENN, MAIRA

5401 S KIRKMAN RD

STE 310

ORLANDO, FL 32819 US

JUARBE, ALBY

10028 PORTOFINO DRIVE

ORLANDO, FL 32832 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: ALBY JUARBE 04/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 JUARBE FEBO, ALBY
 Name:
 JUARBE FEBO, ALBY

 Address:
 429 FOUNTAINHEAD CIR, # 220
 Address:
 10028 PORTOFINO DRIVE

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 ORLANDO, FL 32832

Title: ST () Delete Title: ST (X) Change () Addition Name: GOMEZ, LISSETTE ST (X) Change () Addition Name: GOMEZ, LISSETTE

 Name:
 GOMEZ, LISSETTE
 Name:
 GOMEZ, LISSETTE

 Address:
 429 FOUNTAINHEAD CIR, # 220
 Address:
 10028 PORTOFINO DRIVE

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 ORLANDO, FL 32832

Title: () Delete Title: VP () Change (X) Addition
Name: Name: CARMONA KERCADO, ROBERTO
Address: Address: 405 FOUNTAINHEAD CIR APT 248

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALBY JUARBE P 04/14/2005