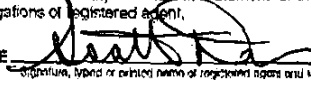
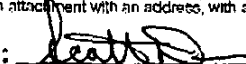


2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P04000035534					
1. Entity Name ALL SHUTTER SYSTEMS, INC.					
Principal Place of Business 1960 W 9 ST UNIT 9 W PALM BEACH, FL 33404			Mailing Address 1960 W 9 ST UNIT 9 W PALM BEACH, FL 33404		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 51-0499858			Applied For Not Applicable		
5. Certificate of Status Desired ☐			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNCAN, SCOTT 1960 W 9 ST UNIT 9 W PALM BEACH, FL 33404			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 			DATE 10/10/06		
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, fee will be \$900.00					
10. OFFICERS AND DIRECTORS					
TITLE	DUNCAN, SCOTT ☐ Delete				
NAME	1960 W 9 ST UNIT 9				
STREET ADDRESS	W PALM BEACH, FL 33404				
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
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CITY - ST - ZIP					
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TITLE	☐ Delete				
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STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME	300080829653				
STREET ADDRESS	10/13/06 01048-007 \$150.00				
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
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:  Scott Duncan					
561 8630955					

FILED

06 NOV 13 PM 5:14

TALLAHASSEE, FLORIDA



10102006

REIN-P

CR2E098 (11/05)

06

4. FEI Number
51-0499858Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredDUNCAN, SCOTT
1960 W 9 ST UNIT 9
W PALM BEACH, FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

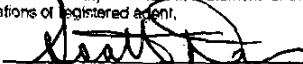
City

FL

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 or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

10/10/06

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, fee will be \$900.00

10. OFFICERS AND DIRECTORS

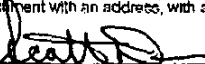
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DUNCAN, SCOTT
1960 W 9 ST UNIT 9
W PALM BEACH, FL 33404 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
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CITY - ST - ZIP ☐ DeleteTITLE
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CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
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CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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SIGNATURE:

 Scott Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #



All Shutter Systems, Inc
1960 West 9th Street Ste.9
W Palm Bch FL 33404
Phone: (561) 863-0955
Fax: (561) 863-9505

October 31, 2006

Florida Department of State
Division of Corporations

Subject: All Shutter Systems Inc.
Ref. No. P04000035534

Dear Mr. Blankenbaker,

Sorry, I forgot to include in my original letter the fact that we did not receive the original or second notice of renewal for the Annual Report. My apologies.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Duncan', with a long horizontal line extending to the right.

Scott Duncan
President