2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 06, 2005 8:00 am Secretary of State DOCUMENT # P04000050886 09-06-2005 90136 021 ***150.00 BROOKS DOOR SYSTEMS, INC. Principal Place of Business Mailing Address 3501 CLARIDGE ROAD EAST 3501 CLARIDGE ROAD EAST **50065080** JACKSONVILLE, FL 32250 JACKSONVILLE, FL 32250 2. Principal Place of Business 3. Mailing Address 420 15th Avenue 5. 420 15th Avenue S 08292005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Jacksonville Beach, FL 20-0907631 Jacksonville Beach, FL Not Applicable 32250 Country \$8.75 Additional 5. Certificate of Status Desired 32250 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT VANDERWAL VANDERWAL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3501 CLARIDGE ROAD EAST JACKSONVILLE, FL"32250 420 15th Avenue S. Zip Code 32250 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. 08-29-05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDST TITLE PDST Change ☐ Addition TITLE ☐ Delete VANDERWAL, ROBERT NAME NAME VANDERWAL, ROBERT 3501 CLARIDGE ROAD EAST STREET ADDRESS STREET ADDRESS 420 15th Avenue 5. FL 32250 CITY-ST-ZIP JACKSONVILLE, FL 32250 CITY-ST-7IP Jacksonville Beach ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify 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 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 attackment with an address, with all other like empowered.

FILED