2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 28, 2006 08:00 AM DOCUMENT # P04000077013 **Secretary of State** 1. Entity Name STORM SCREEN, INC. Mailing Address Principal Place of Business 18795 SW 108 AVE 18795 SW 108 AVE MIAMI, FL 33157 MIAMI, FL 33157 03082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0813570 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELLIS, KEITH DO NOT WRITE 18795 SW 108 AVE MIAMI, FL 33157 IN THIS SPACE 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. Registereri Apem signative required when reinstating? 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE ELLIS, KEITH NAME UDDDDD1482856 STREET ADDRESS 18795 SW 108 AVE 04/11/06-80092-005 158.7**5** CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-JIP 717t F NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRTY-ST-ZIP TITLE MME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

Davime Phone #