

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101544

FILED
Apr 28, 2006
Secretary of State

Entity Name: MJ'S SCREEN ENCLOSURE RESTORATIONS, INC.

Current Principal Place of Business:

8214 MAUREEN AVE
NORTH PORT, FL 34287

New Principal Place of Business:

1001 S. WAPELLO ST.
NORTH PORT, FL 34286

Current Mailing Address:

8214 MAUREEN AVE
NORTH PORT, FL 34287

New Mailing Address:

1001 S. WAPELLO ST
NORTH PORT, FL 34286

FEI Number: 57-1208635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MICHELE
8214 MAUREEN AVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

COHEN, MICHELE
1001 S. WAPELLO ST
NORTH PORT, FL 34286 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: MICHELE COHEN

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, MICHELE
Address: 8214 MAUREEN AVE
City-St-Zip: NORTH PORT, FL 34287

Title: SEC () Delete
Name: COHEN, JOSEPH
Address: 8214 MAUREEN AVE
City-St-Zip: NORTH PORT, FL 34287

Title: V () Delete
Name: GAGE, MICHAEL V
Address: 8214 MAUREEN AVE.
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, MICHELE
Address: 1001 S. WAPELLO ST.
City-St-Zip: NORTH PORT, FL 34286

Title: SEC (X) Change () Addition
Name: COHEN, JOSEPH
Address: 1001 S WAPELLO ST
City-St-Zip: NORTH PORT, FL 34286

Title: V (X) Change () Addition
Name: GAGE, MICHAEL V
Address: 1001 S. WAPELLO ST
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHELE COHEN

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date