## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000136553

FILED Jan 06, 2007 Secretary of State

Entity Name: IMPACT SHUTTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 11190 56TH AVE N 11190 56TH AVE SEMINOLE, FL 33772 SEMINOLE, FL 33772 **Current Mailing Address: New Mailing Address:** 11190 56TH AVE N 11190 56TH AVE SEMINOLE, FL 33772 SEMINOLE, FL 33772 FEI Number: 51-0525374 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: WALDER, LYNNE ESQ 777 S HARBOUR ISLAND BLVD SUITE 128 TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BRIDGES, DAVID N BRIDGES, DAVID N Name: Name: 11190 56TH AVE N 11190 56TH AVE Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: () Change () Addition MCGUINNESS, DAVID J Name: Name: 13637 SERENA DR Address: Address: LARGO, FL 33774 City-St-Zip: City-St-Zip:

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: DAVID N BRIDGES D 01/06/2007