## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 21, 2007 08:00 A Secretary of State **DOCUMENT # P04000139181** 1. Entity Name SEASIDE SHUTTERS, INC. Principal Place of Business Mailing Address 3845 INVESTMENT LN STE 1 3845 INVESTMENT LN STE 1 WEST PALM BEACH, FL 33404 WEST PALM BEACH, FL 33404 CR2E034 (11/05) 05072007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0106963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TITTLE, JAMES D DO NOT WRITE 4 HARVARD CIRCLE SUITE 600 WEST PALM BEACH, FL 33409 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. V00000765095 SIGNATURE <del>05/3**1**/07-8**0**025-021 150.</del>00 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE FARBER, LOWELL NAME STREET ADDRESS **526 5TH TERR** CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO:NOT:WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 enhowered 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 gappowered. SIGNATURE: NO TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

**FILED**