2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P04000,140302 UNITY SHUTTERS INC Mailing Address Principal Place of Business 7060 S.W. 4TH ST 7060 S.W. 4TH ST MIAMI, FL 33144 MIAMI, FL 33144 02132006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3170568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VENTO, OSVALDO DO NOT WRITE 7086 S.W. 4TH ST MIAMI, FL 33144 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! (FEE IS \$150.00) After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 13. 多线方道 OFFICERS AND DIRECTORS 10. TITLE VENTO, OSVALDO NAME 7086 S.W. 4TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 U00000538937 05/09/06-80079-019 150.0h TITLE MATA, FRANK MARKE STREET ADDRESS 7315 S.W. 4TH ST CHY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP HITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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

frank Hata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED